

# 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: 05/01/2020	Permit No. B2018-4966
Date Issued: 02/27/2020	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 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: 17301 SW Goldcrest Ln	
City/State/ZIP: Beaverton, Or 97007	
Suite/bldg./apt. no.:	Project name: SCHM
Cross street/directions to job site:	
Subdivision: South Cooper Mountain Hts	Lot no.: 81
Tax map/parcel no.:	
DESCRIPTION OF WORK	
NEW SFR	
<input type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Everett Custom Homes	
Address: 3330 NW Yeon Ave	
City/State/ZIP: Portland, OR 97210	
Phone: (503) 726-7060	Fax:
E-mail: jreilly@everetthomesnw.com	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: Everett Custom Homes	
Contact name: Jennifer Reilly	
Address: 3330 NW Yeon Ave	
City/State/ZIP: Portland, OR 97210	
Phone: (503) 726-7060	Fax:
E-mail: jreilly@everetthomesnw.com	
CONTRACTOR	
Business name: Everett Custom Homes	
Address: 3330 NW Yeon Ave	
City/State/ZIP: Portland, Oregon 97210	
Phone: jreilly@everetthomesnw.com	Fax:
CCB Lic.: 189447	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$268,188.08
Number of bedrooms:	3
Number of bathrooms:	2.5
Total number of floors:	3
New dwelling area:	1873.37 square feet
Garage/carport area:	453.14 square feet
Covered porch area:	107.93 square feet
Deck area:	29.31 square feet 0
Other structure area:	0 square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	R2
Existing:	
New:	Townhome
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being 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>Jennifer Reilly</i>	Date: 4/30/20
Print name: Jennifer Reilly	

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

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

Form B70-1001 REV 2/14

Approved

# Building Permit Application

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



RECEIVED

OFFICE USE ONLY

Date Received: 12/13/2019 Permit No.: B2019-5139

Date Issued: 5/22/2020  
CITY OF BEAVERTON BUILDING DIVISION  
Payment Type:

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 10320 SW Homestead Ln	
City/State/ZIP: Beaverton, OR 97008	
Suite/bldg./apt. no.:	Project name:
Cross street/directions to job site: Scholls Ferry Rd	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Bedroom Add on	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input checked="" type="checkbox"/> TENANT
Name: Jon Neff	
Address: 10320 SW Homestead Ln	
City/State/ZIP: Beaverton, OR 97008	
Phone: 503-740-8999	Fax:
E-mail: Jon@Neffmail.net	
<input type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name:	
Contact name: Same as Above	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
CONTRACTOR	
Business name: Same as Owner	
Address:	
City/State/ZIP:	
Phone:	Fax:
CCB lic.:	

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

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

Valuation	\$24,800.00
Number of bedrooms:	1
Number of bathrooms:	
Total number of floors:	1
New dwelling area:	248 square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet

### REQUIRED DATA: COMMERCIAL-USE CHECKLIST

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

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

### NOTICE

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

### BUILDING PERMIT FEES\*

Please refer to fee schedule

Fees due upon application	
Amount received	
Date received:	

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

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

Authorized signature:	
Print name: Jon Neff	Date: 12-5-19

# 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: 05/01/2020	Permit No. B2018-4967
Date Issued: 5/20/2020	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 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: 17305 SW Goldcrest Ln	
City/State/ZIP: Beaverton, Or 97007	
Suite/bldg./apt. no.:	Project name: SCHM
Cross street/directions to job site:	
Subdivision: South Cooper Mountain Hts	Lot no.: 82
Tax map/parcel no.:	
DESCRIPTION OF WORK	
NEW SFR	
<input type="checkbox"/> PROPERTY OWNER	<input checked="" type="checkbox"/> TENANT
Name: Everett Custom Homes	
Address: 3330 NW Yeon Ave	
City/State/ZIP: Portland, OR 97210	
Phone: (503) 726-7060	Fax:
E-mail: jreilly@everetthomesnw.com	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: Everett Custom Homes	
Contact name: Jennifer Reilly	
Address: 3330 NW Yeon Ave	
City/State/ZIP: Portland, OR 97210	
Phone: (503) 726-7060	Fax:
E-mail: jreilly@everetthomesnw.com	
CONTRACTOR	
Business name: Everett Custom Homes	
Address: 3330 NW Yeon Ave	
City/State/ZIP: Portland, Oregon 97210	
Phone: jreilly@everetthomesnw.com	Fax:
CCB lic.: 189447	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$202,559.54
Number of bedrooms:	3
Number of bathrooms:	3
Total number of floors:	3
New dwelling area:	1542.34 square feet
Garage/carport area:	368.94 square feet
Covered porch area:	103.8 square feet
Deck area:	0 square feet 0
Other structure area:	0 square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	R2
Existing:	
New:	Townhome
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being 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>Jennifer Reilly</i>	Date: 4/30/20
Print name: Jennifer Reilly	

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

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



# Mechanical Permit Application

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

OFFICE USE ONLY	
Date Received: 05/01/2020	Permit No.: B2018-4967
Date Issued: 5/22/2020	By: [Signature]
CITY OF BEAVERTON BUILDING DIVISION	
Payment Type:	

TYPE OF WORK	
<input checked="" type="checkbox"/> New construction	<input type="checkbox"/> Addition/alteration/replacement
<input type="checkbox"/> Demolition	<input type="checkbox"/> Other, Specify:
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Multi-family	<input type="checkbox"/> Master builder
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Other, Specify:
JOB SITE INFORMATION AND LOCATION	
Job site address: 17305 SW Goldcrest Ln	
City/State/ZIP: Beaverton, Or 97007	
Suite/bldg./apt. no.:	Project name: SCMH
Cross street/directions to job site:	
Subdivision: South Cooper MTN HTS	Lot no.: 82
Tax map/parcel no.:	
DESCRIPTION OF WORK	
HVAC: Furnace, duct work, venting, & gas piping	
<input type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Everett Custom Homes	
Address: 3330 NW Yeon Ave	
City/State/ZIP: Portland, Or 97210	
Phone: (503) 726-7060	Fax:
E-mail: jreilly@everethomesnw.com	
APPLICANT	
Business name: Everett Custom Homes	
Contact name: Jennifer Reilly	
Address: 3330 NW Yeon Ave	
City/State/ZIP: Portland, Or 97210	
Phone: (503) 726-7060	Fax:
E-mail: jreilly@everethomesnw.com	
CONTRACTOR	
Business name: Pyramid Heating & Cooling	
Address: 9409 NE Colfax Street	
City/State/ZIP: Portland, OR 97220	
Phone: (503) 786-9522	Fax: (503) 786-3432
E-mail: permits@pyramidheating.com	
CCB lic.: 59382	City or metro lic.:

COMMERCIAL FEE SCHEDULE - USE CHECKLIST			
Mechanical permit fees are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all mechanical materials, equipment, labor, overhead, and profit.			
*Use Table on Page 2 for value.			
*Value: \$0.00			
RESIDENTIAL EQUIPMENT / SYSTEMS FEES			
For special information use checklist.			
Description	Qty.	Eq.	Total
<b>Heating/cooling</b> **For Furnace, select-> Select One			
Furnace, incl. ductwork, vent, and liner **	1		0.00
Air conditioner 1		46.75	
Heat pump 1		61.06	
Duct work, alterations and additions		23.32	
Hydronic piping system		23.32	
Boiler, incl. vent** Select One			
Gas heaters/unit in-wall, in-duct, suspended, etc. not incl. vent.		46.75	
Other:		23.32	
<b>Other fuel appliances</b>			
Water heater		23.32	
Gas fireplace/insert/stove		33.39	
Gas log/log lighter		23.32	
Pool or spa heater, kiln*		23.32	
Wood/pellet stove/insert		33.39	
Wood fireplace		33.39	
Chimney/liner/flue/vent w/o appliance		33.39	
Oil tanks/gas/diesel generators		23.32	
Other:		23.32	
<b>Environmental exhaust and ventilation</b>			
Range hood/other kitchen equipment	1	33.39	33.39
Clothes dryer exhaust	1	33.39	33.39
Single-duct exhaust (bathrooms, toilet compartments, utility rooms)	4	23.32	93.28
Attic/crawlspace fans		23.32	
Whole house ventilation or Radon mitigation		23.32	
Other:		23.32	
<b>Fuel piping</b>			
\$14.15 for first four; \$4.03 for each additional			
Furnace	1	#/outlets	Total # of fuel piping outlets:
Wall/suspended/unit heater		#/outlets	
Water heater		#/outlets	
Fireplace/log lighter/gas log		#/outlets	2
Range	1	#/outlets	Total cost for fuel piping outlets:
Barbecue		#/outlets	
Clothes dryer		#/outlets	
Other:		#/outlets	14.15
CALCULATE MECHANICAL PERMIT FEES			
Subtotal		174.21	
Minimum permit fee			
<input type="checkbox"/> Check for Plan Review (25% of permit fee)			
State surcharge (12% of permit fee)		20.91	
<b>TOTAL PERMIT FEE</b>		<b>247.48</b>	

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

- 1 - Site plan required for an outdoor unit.
- 2 - Requires approval from Building Codes Division.

Authorized signature: *Andrew Gardner*

Print name: Andrew Gardner Date: 4/30/20



**Building Permit Application**  
 Community Development Department, Building Division  
 City of Beaverton  
 12726 SW Millikan Way / PO Box 4755  
 Beaverton, OR 97006  
 Phone: (503) 528-2403; Fax: (503) 528-2550  
 www.BeavertonOregon.gov/bib

OFFICE USE ONLY	
Date Received: 04/28/2020	Permit No: B2020-1492
Date Issued: 5/19/2020	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 checked="" type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 16500 SW PENINSULA CT	
City/State/ZIP: BEAVERTON, OR 97006	
Suite/bldg./apt. no.: N/A	Project name: GOODLAKE
Cross street/directions to job site: ON SW PENINSULA CT OFF SW DELTA DR	
Subdivision: WATERHOUSE SOUTH	Lot no.: 46
Tax map/parcel no.: R20005653	
DESCRIPTION OF WORK	
AN ADDITION OF A <del>NEW</del> ATTACHED PATIO COVER 16'-6" X 21'-0"	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: TED & LISA GOODLAKE	
Address: 16500 SW PENINSULA CT	
City/State/ZIP: BEAVERTON, OR 97006	
Phone: (503) 330-0878	Fax: N/A
E-mail: LISA@W63@GMAIL.COM	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: VULCAN DESIGN & CONSTRUCTION	
Contact name: ANTHONY ALLEN	
Address: 351 N GRAND BLVD	
City/State/ZIP: VANCOUVER, WA 98661	
Phone: (971) 319-9940	Fax: N/A
E-mail: ANTHONY.A@GMAIL.COM	
CONTRACTOR	
Business name: VULCAN DESIGN & CONSTRUCTION	
Address: 351 N GRAND BLVD	
City/State/ZIP: VANCOUVER, WA 98661	
Phone: (971) 319-9940	Fax: N/A
CCB lic.: 212649	
Authorized signature: <i>Anthony Allen</i>	Date: 4/28/2020
Print name: ANTHONY ALLEN	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$8,000
Number of bedrooms:	N/A
Number of bathrooms:	N/A
Total number of floors:	N/A
New dwelling area:	N/A square feet
Garage/carport area:	N/A square feet
Covered porch area:	34.5 square feet
Deck area:	N/A square feet
Other structure area:	N/A square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate 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	\$150.45
Amount received	
Data received:	

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

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

Form B70-1001 REV 11/19



# Building Permit Application

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

OFFICE USE ONLY	
Date Received: 04/29/2020	Permit No.: B2020-1499
Date Issued: 5/10/2020	PA
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 checked="" type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 12565 SW MOORHEN WAY	
City/State/ZIP: BEAVERTON, OR 97007	
Suite/bldg./apt. no.: N/A	Project name: RIVALDI
Cross street/directions to job site: <del>OFF</del> A LONG DRIVEWAY OFF MOORHEN DOWN VAY.	
Subdivision: CHURCHILL FOREST	Lot no.: 24
Tax map/parcel no.: R2182 085	
DESCRIPTION OF WORK	
AN ADDITION OF A 19' X 12'-5 1/2" ATTACHED GABLE PATIO COVER.	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: SHAWNA & JARRET RIVALDI	
Address: 12565 SW MOORHEN WAY	
City/State/ZIP: BEAVERTON, OR 97007	
Phone: (503) 475-2719	Fax: N/A
E-mail: JARETRIVALDI@ME.COM	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: VULCAN DESIGN & CONSTRUCTION	
Contact name: ANTHONY ALLEN	
Address: 357 N GRAND BLVD	
City/State/ZIP: VANCOUVER, WA 98661	
Phone: (971) 312-9940	Fax: N/A
E-mail: ANTHONY.A@GMAIL.COM	
CONTRACTOR	
Business name: VULCAN DESIGN & CONSTRUCTION	
Address: 357 N GRAND BLVD	
City/State/ZIP: VANCOUVER, WA 98661	
Phone: (971) 312-9940	Fax: N/A
CCB lic.: 212649	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$7,000
Number of bedrooms:	N/A
Number of bathrooms:	N/A
Total number of floors:	N/A
New dwelling area:	N/A square feet
Garage/carport area:	N/A square feet
Covered porch area:	237.5 square feet
Deck area:	N/A square feet
Other structure area:	N/A square feet

REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate 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	\$138.74
Amount received	
Date received:	

Authorized signature:	Date: 4/28/2020
Print name: ANTHONY ALLEN	

This permit application expires if a 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: 04/15/2020	Permit No.: B2020-1358
Date Issued: 5/19/2020	By: [Signature]
Payment Type:	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input checked="" type="checkbox"/> Other: Footing Repair
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 650 NW 118th Avenue	
City/State/ZIP: Portland Oregon 97229	
Suite/bldg./apt. no.:	Project name: Timberland
Cross street/directions to job site: NW 118th Avenue and NW Stone Mountain Lane	
Subdivision:	Lot no.: 900
Tax map/parcel no.: 1N1 34CA	
DESCRIPTION OF WORK	
Repair to existing structural footing to mitigate vertical movement. No FLS revisions to existing building. Demolished portions of existing interior and exterior slabs will be replaced to original design.	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Doaa Elhaggan - Beaverton School District	
Address: 16550 SW Merlo Road	
City/State/ZIP: Beaverton Oregon 97003	
Phone: (503) 356-4433	Fax:
E-mail: doaa_el_haggan@beaverton.k12.or.us	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: Mahlum Architects	
Contact name: Jeremy Rear AIA / Chris Brown AIA	
Address: 1380 SE 8th Avenue	
City/State/ZIP: 97214	
Phone: (503) 224-4032	Fax:
E-mail: jrear@mahlum.com / cbrown@mahlum.com	
CONTRACTOR	
Business name: Skanska	
Address: 222 SW Columbia Street, Suite 300	
City/State/ZIP: Portland Oregon 97201	
Phone: (503) 382-0900	Fax:
CCB I.C.: 186536	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate 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:	112460 square feet
New building area:	n/a square feet
Number of stories:	2
Type of construction:	II-B
Occupancy groups:	E
Existing:	E
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	\$561.64
Amount received	
Date received:	

Authorized signature:	[Signature]
Print name:	Date:
Jeremy Rear AIA, Mahlum	04/15/20

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: 5/13/2020	Permit No.: B2020-1663
Date Issued: 5/19/2020	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: 12000 SW Baker St.	
City/State/ZIP: Beaverton OR 97008	
Suite/bldg./apt. no.:	Project name: ES - Ho
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
11.52kW Prescriptive solar install on house roof	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Raymond Ho	
Address: 12000 SW Baker St.	
City/State/ZIP: Beaverton OR 97008	
Phone:	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: Energy Solutions, LLC	
Contact name: Grant Lindsley	
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	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$22000
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	207.20
Amount received	
Date received:	

Authorized signature: [Signature]	Date:
Print name: Grant Lindsley	05/12/20

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

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

**COB Revision/Tracking #:  
REV 20-300**



**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: 05/14/2020	Permit No.: B2020-1273
Date Issued: 5/19/2020	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 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: 12635 SW 172nd Terrace	
City/State/ZIP: Beaverton, Oregon 97007	
Suite/bldg./apt. no.: Building 1	Project name: South Cooper Mountain
Cross street/directions to job site: Intersection of SW 172nd Ter and SW Scholls Ferry Rd	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Installation of new NFPA 13 & NFPA 13R fire sprinkler 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: Jet Industries - Fire Protection	
Contact name: Christopher Youngberg	
Address: 1935 NE Silverton RD	
City/State/ZIP: Salem, Oregon 97301	
Phone: (971) 600-5686	Fax:
E-mail: christopher.y@jetindustries.net	
CONTRACTOR	
Business name: Same as applicant	
Address: Same as applicant	
City/State/ZIP: Same as applicant	
Phone: (971) 600-5686	Fax:
CCB lic.: 3944	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	227,595
Existing building area:	square feet
New building area:	115345 square feet
Number of stories:	4
Type of construction:	V-A
Occupancy groups:	A-3, B, R-2, S-2
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	\$1,515.38
Amount received	
Date received:	

Authorized signature: [Signature]	Date:
Print name: Christopher Youngberg	05/13/20

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:	F B2020-1116
Date Issued: 5/20/2020	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:
JOB SITE INFORMATION AND LOCATION	
Job site address: 1841 SW Merlo Dr.	
City/State/ZIP: Beaverton/Oregon/97006	
Suite/bldg./apt. no.:	Project name: CTE Program
Cross street/directions to job site: SW Merlo Dr./SW Merlo Rd.	
Subdivision: Merlo Warehouse Station	Lot no.: 8
Tax map/parcel no.: 1S 1W 06DD LOT 01000	
DESCRIPTION OF WORK	
Interior classroom space remodel for new career technical education (CTE) for commercial construction trade education. Program area includes classroom instructional room. Vocational laboratory space and material storage areas.	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Beaverton School District	
Address: 16550 SW Merlo Road	
City/State/ZIP: Beaverton/Oregon/97003	
Phone: (503) 356-4577	Fax:
E-mail:	
<input type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: CIDA Inc.	
Contact name: Chris Walker	
Address: 15895 SW 72nd Ave. # 200	
City/State/ZIP: Portland/Oregon/97224	
Phone: (503) 226-1285	Fax: (503) 226-1670
E-mail: chrissw@cidainc.com	
CONTRACTOR	
Business name: RA Gray Construction, LLC	
Address: P.O. Box 100	
City/State/ZIP: Sherwood/Oregon/97140	
Phone: (503) 692-4675	Fax:
CCB lic.: 198759	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate 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	\$519,976
Existing building area:	51,129 square feet
New building area:	square feet
Number of stories:	
Type of construction:	III-B
Occupancy groups:	
Existing:	E
New:	E
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	\$4,581.99
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: 3/19/20
Print name: J E St Hammur	



### 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:	5/19/2020
Permit No.:	B2020-1714
Date Issued:	5/20/2020
Payment Type:	BY

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: town home
JOB SITE INFORMATION AND LOCATION	
Job site address: 12365 SW Sabin St.	
City/State/ZIP: Beaverton OR 97008	
Suite/bldg./apt. no.:	Project name: ES - Mercado
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
3.24kW Prescriptive solar array on roof of solar ready home	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Victoria Mercado	
Address: 12365 SW Sabin St.	
City/State/ZIP: Beaverton OR 97008	
Phone:	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: Energy Solutions, LLC	
Contact name: Grant Lindsley	
Address: PO Box 887	
City/State/ZIP: Beaver Creek 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: Beaver Creek OR 97004	
Phone: (503) 680-3718	Fax:
CCB Lic.: 202002	

Authorized signature:	
Print name:	Grant Lindsley
Date:	05/19/20

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	\$10,000
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	128.80
Amount received	
Date received:	

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

\* 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/bib

OFFICE USE ONLY	
Date Received: 4/23/2020	Permit No. B2020-1441
Date Issued: <i>5/11/2020</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 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: 2405 SW 75th Terrace	
City/State/ZIP: Beaverton, Or	
Suite/bldg./apt. no.:	Project name: Sylvan West Estates
Cross street/directions to job site: SW Canyon Ln and SW 75th Terrace	
Subdivision: Sylvan West Estates LLC	Lot no. <del>8</del> 7
Tax map/parcel no.:	
DESCRIPTION OF WORK	
New SFR. Same plan as submittal at 2450 SW 75th Terrace but reversed.	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Sylvan West Estates LLC	
Address: 333 S. State St, V-146	
City/State/ZIP: Lake Oswego, OR	
Phone: 503-922-9055	Fax:
E-mail: hillcrest_homes@msn.com	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Sylvan West Estates LLC	
Contact name: Chris Boerste	
Address:	
City/State/ZIP:	
Phone: 503-922-9055	Fax:
E-mail: hillcrest_homes@msn.com	
CONTRACTOR	
Business name: Sylvan West Estates LLC	
Address:	
City/State/ZIP:	
Phone:	Fax:
CCB lic: 218005	

Authorized signature: <i>Chris Boerste</i>	Date:
Print name: Chris Boeste	04/08/2020

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	441585.63
Number of bedrooms:	6
Number of bathrooms:	3.5
Total number of floors:	2
New dwelling area:	3403 square feet
Garage/carport area:	390 square feet
Covered porch area:	270 square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate 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	1714.79
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: 04/23/2020	Permit No.: B2020-1437
Date Issued: 5/29/2020	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: 12625 SW Crescent St	
City/State/ZIP: Beaverton OR	
Suite/bldg./apt. no.:	Project name: Creekside Parking
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
INSTALL NFPA 13 FIRE SPRINKLER SYSTEM	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: City of Beaverton	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: McKinstry LLC	
Contact name: Ken Thackery	
Address: 16790 NE Mason St	
City/State/ZIP: Portland OR 97230	
Phone: (971) 325-6410	Fax:
E-mail: kent@mckinstry.com	
CONTRACTOR	
Business name: Same as above	
Address:	
City/State/ZIP:	
Phone:	Fax:
CCB lic.:	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate 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:	
Print name:	Date:
Ken Thackery	02/28/20

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

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



### 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: 05/29/2020	Permit No.: B2020-1837
Date Issued: 5/29/2020	By: DJ
Payment Type:	

CITY OF BEAVERTON  
 BUILDING DIVISION

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input checked="" type="checkbox"/> Multi-family
<input type="checkbox"/> Master buldler	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 11205 SW Audubon Street	
City/State/ZIP: Beaverton, OR 97006	
Suite/bldg./apt. no.:	Project name: Avalon Condos
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Tear-off existing roof and install new CertainTeed Landmark shingle Roofing system.	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Charter Construction	
Address: 3747 SE 8th Avenue	
City/State/ZIP: Portland, OR 97202	
Phone: (503) 546-2600	Fax: N/A
E-mail: knelson@Chartercon.com	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Carlson Roofing Company, Inc.	
Contact name: Marina Olekas	
Address: P.O. Box 1695, 550 SW Maple Street	
City/State/ZIP: Hillsboro, OR 97123	
Phone: (503) 846-1575	Fax: (503) 640-2122
E-mail: marina@carlsonroof.com	
CONTRACTOR	
Business name: Carlson Roofing Company, Inc.	
Address: P.O. Box 1695, 550 SW Maple Street	
City/State/ZIP: Hillsboro, OR 97123	
Phone: (503) 846-1575	Fax: (503) 640-2122
CCB lic.: 159686	
Authorized signature: <i>Marina Olekas</i>	
Print name: Marina Olekas	Date: 5/28/2020

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$29,230.00
Existing building area:	5800 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	\$716.73
Amount received	
Date received:	

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

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



### 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: 05/29/2020	Permit No.: B2020-1838
Date Issued: 6/29/2020	By: DJ
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 checked="" type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 11621/2 SW Audubon Street	
City/State/ZIP: Beaverton, OR 97006	
Suite/bldg./apt. no.:	Project name: Avalon Condos
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Tear-off existing roof and install new Certainteed Landmark Shingle Roofing System.	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Charter Construction	
Address: 3747 SE 8th Avenue	
City/State/ZIP: Portland, OR 97202	
Phone: (503) 546-2100	Fax: N/A
E-mail: knelson@Chartercon.com	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Carlson Roofing Company, Inc.	
Contact name: Marina Olexas	
Address: P.O. Box 11695 550 SW Maple Street	
City/State/ZIP: Hillsboro, OR 97123	
Phone: (503) 846-1575	Fax: (503) 640-2122
E-mail: marina@carlsonroof.com	
CONTRACTOR	
Business name: Carlson Roofing Company, Inc.	
Address: P.O. Box 11695 550 SW Maple Street	
City/State/ZIP: Hillsboro, OR 97123	
Phone: (503) 846-1575	Fax: (503) 640-2122
CCB lic.: 15916816	
Authorized signature:	
Print name: Marina Olexas	Date: 5/28/2020

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation: \$29,230.00	
Existing building area:	5000 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	\$716.73
Amount received	
Date received:	

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

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



### 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: 05/29/2020	Permit No.: B2020-1839
Date Issued: 8/29/2020	By: DJ
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 checked="" type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 16215 SW Avalon Street	
City/State/ZIP: Beaverton, OR 97006	
Suite/bldg./apt. no.:	Project name: Avalon Combs
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Tear-off existing roof and Install new CertainTeed Landmark shingle Roofing system.	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Charter Construction	
Address: 3747 SE 8th Avenue	
City/State/ZIP: Portland, OR 97202	
Phone: (503) 546-2600	Fax: N/A
E-mail: kneelson@chartercon.com	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Carlson Roofing Company, Inc.	
Contact name: Marina Olekas	
Address: P.O. Box 11695, 550 SW Maple Street	
City/State/ZIP: Hillsboro, OR 97123	
Phone: (503) 846-1575	Fax: (503) 640-2122
E-mail: Marina@carlsonroof.com	
CONTRACTOR	
Business name: Carlson Roofing Company, Inc.	
Address: P.O. Box 11695, 550 SW Maple Street	
City/State/ZIP: Hillsboro, OR 97123	
Phone: (503) 846-1575	Fax: (503) 640-2122
CCB lic.: 159686	
Authorized signature:	Date: 5/28/2020
Print name: Marina Olekas	Date: 5/28/2020

### BUILDING PERMIT DATA: 1- AND 2-FAMILY DWELLING

Permit fees\* are based on the value of the work performed. Indicate 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 \$29,230.00

Existing building area: 5800 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	\$716.73
Amount received	
Date received:	

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

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



### 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: 05/29/2020	Permit No.: B2020-1840
Date Issued: 5/29/2020	By: DJ
Payment Type:	

CITY OF BEAVERTON  
 BUILDING DIVISION

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input checked="" type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 16224 SW Audubon Street	
City/State/ZIP: Beaverton, OR 97006	
Suite/bldg./apt. no.:	Project name: Avalon Condos
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Tear-off existing roof and install new CertainTeed Landmarsh shingle Roofing system.	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Charter Construction	
Address: 3747 SE 8th Avenue	
City/State/ZIP: Portland, OR 97202	
Phone: (503) 546-2600	Fax: N/A
E-mail: knelson@Chartercon.com	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Carlson Roofing Company, Inc.	
Contact name: Marina Diekas	
Address: P.O. Box 1695, 550 SW Maple Street	
City/State/ZIP: Hillsboro, OR 97123	
Phone: (503) 846-1575	Fax: (503) 640-2122
E-mail: marina@carlsonroof.com	
CONTRACTOR	
Business name: Carlson Roofing Company, Inc.	
Address: P.O. Box 1695, 550 SW Maple St	
City/State/ZIP: Hillsboro, OR 97123	
Phone: (503) 846-1575	Fax: (503) 640-2122
CCB lic.: 1591086	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate 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	\$29,230.00
Existing building area:	5200 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	\$716.73
Amount received	
Date received:	

Authorized signature:	Date: 5/28/2020
Print name: Marina Diekas	

This permit application expires if a 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 4765  
 Beaverton, OR 97076  
 Phone: (503) 526-2493 Fax: (503) 526-2550  
 General Information (503) 526-2222  
 BeavertonOregon.gov



2547 AK

Retissue B2018-1344  
**RECEIVED**

OFFICE USE ONLY	
Date Received: NOV 5 2018	Permit No.: B2018-5213
Date Issued: 5/28/2020	By: DJ
CITY OF BEAVERTON BUILDING DIVISION	
Payment Type:	

TYPE OF WORK	
<input checked="" type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master buildder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 15822 SW Wren Ln	
City/State/ZIP: Beaverton, OR	
Suite/bldg./apt. no.:	Project name: Russell
Cross street/directions to job site:	
Subdivision: Westmont	Lot no.: 18
Tax map/parcel no.:	
DESCRIPTION OF WORK	
NSFR	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: DR Horton, Inc	
Address: 4380 SW Macadam Ave Suite 200	
City/State/ZIP: Portland, OR 97239	
Phone: (503) 222-4151	Fax:
E-mail: plancheck@drhorton.com	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: DR Horton, Inc	
Contact name: Amanda Loveridge	
Address: SAME AS ABOVE	
City/State/ZIP:	
Phone:	Fax:
E-mail: plancheck@drhorton.com	
CONTRACTOR	
Business name: DR Horton, Inc	
Address: SAME AS ABOVE	
City/State/ZIP:	
Phone:	Fax:
CCB lic.: 130859	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	319,989.15
Number of bedrooms:	5
Number of bathrooms:	2.5
Total number of floors:	2
New dwelling area:	2547 square feet
Garage/carport area:	342 square feet
Covered porch area:	90 square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate 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	1340.74
Amount received	
Date received:	

Received 11/10/18

Authorized signature: *Amanda Loveridge*

Print name: Amanda Loveridge Date: 6/27/18

This permit application expires if a 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



Permit No. B2018-0733

OFFICE USE ONLY	
Date Received: 11-1-18	Permit No.: B2018-5143
Date Issued: 5/28/2020	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 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: 16139 SW Thrush Ln	
City/State/ZIP: Beaverton, OR	
Suite/bldg./apt. no.:	Project name: Russell
Cross street/directions to job site:	
Subdivision: Westmont	Lot no.: 90
Tax map/parcel no.:	
DESCRIPTION OF WORK	
NSFR	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: DR Horton, Inc	
Address: 4380 SW Macadam Ave Suite 200	
City/State/ZIP: Portland, OR 97239	
Phone: (503) 222-4151	Fax:
E-mail: plancheck@drhorton.com	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: DR Horton, Inc	
Contact name: Amanda Loveridge	
Address: SAME AS ABOVE	
City/State/ZIP:	
Phone:	Fax:
E-mail: plancheck@drhorton.com	
CONTRACTOR	
Business name: DR Horton, Inc	
Address: SAME AS ABOVE	
City/State/ZIP:	
Phone:	Fax:
CCB lic.: 130859	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$425,323.04
Number of bedrooms:	5
Number of bathrooms:	3.5
Total number of floors:	2
New dwelling area:	3376 square feet
Garage/carport area:	451 square feet
Covered porch area:	179 square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate 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	\$1,665.73
Amount received	\$1,665.73
Date received:	11-7-18

This permit application expires if a 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: 10/27/18
Print name: Amanda Loveridge	



## 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: 4/8/2020	Permit No.: B2020-1294
Date Issued: 5-27-20	By: JK
	Payment Type: AMX

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: 12695 SW Crescent St.	
City/State/ZIP: Beaverton, OR 97005	
Suite/bldg./apt. no.:	Project name: Creekside Garage
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Tenant improvement to provide core and shell fire alarm code minimum 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: Siemens Smart Infrastructure	
Contact name: MELINDA MAAHS	
Address: 15201 NW Greenbrier Pkwy Suite A4	
City/State/ZIP: Beaverton, OR 97006	
Phone: (503) 207-1900	Fax: (866) 775-9462
E-mail: melinda.maahs@siemens.com	
CONTRACTOR	
Business name: Siemens Smart Infrastructure	
Address: 15201 NW Greenbrier Pkwy Suite A4	
City/State/ZIP: Beaverton, OR 97006	
Phone: (503) 207-1900	Fax:
CCB lic.: 133041	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate 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	8892.00
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	104.25
Amount received	
Date received:	

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

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

Authorized signature:	Date:
Print name:	



# Building Permit Application

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

OFFICE USE ONLY	
Date Received: 05/27/2020	Permit No.: B2020-1799
Date Issued: 5/27/2020	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 checked="" type="checkbox"/> Other: Roof-mounted solar
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 14020 SW Stirrup St.	
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.:	
DESCRIPTION OF WORK	
Installation and hook up of roof mounted 9.75 kW solar system.	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Mark Olivo	
Address: 14020 SW Stirrup St.	
City/State/ZIP: Beaverton, OR 97008	
Phone: (503) 686-8108	Fax:
E-mail: markolivo@comcast.net	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: Green Ridge Solar	
Contact name: Hilary Conway	
Address: 19450 SW Mohave Ct.	
City/State/ZIP: Tualatin, OR 97062	
Phone: (503) 349-5182	Fax:
E-mail: operations@greenridgesolar.com	
CONTRACTOR	
Business name: Green Ridge Solar	
Address: 19450 SW Mohave Ct.	
City/State/ZIP: Tualatin, OR 97062	
Phone: (503) 395-1943	Fax:
CCB lic.: 210450	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$34,320
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate 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:	Hilary Conway
Date:	05/26/20

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: 5/22/2020	Permit No.: B2020-1770
Date Issued: 5/27/2020	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: 11780 SW Camden Ln.	
City/State/ZIP: Beaverton OR 97008	
Suite/bldg./apt. no.:	Project name: ES - Dahl
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
9.36kW Solar Installation on Home Roof	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Michael Dahl	
Address: 11780 Sw Camden Ln	
City/State/ZIP: Beaverton OR 97008	
Phone:	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: Energy Solutions LLC	
Contact name: Grant Lindsley	
Address: PO Box 887	
City/State/ZIP: Beavercreek OR 97004	
Phone: (503) 680-3718	Fax:
E-mail: grant@esolutions-or.com	
CONTRACTOR	
Business name: Energy Solutions LLC	
Address: PO Box 887	
City/State/ZIP: Beavercreek OR 97004	
Phone: (503) 680-3718	Fax:
CCB lic.: 202002	

Authorized signature:	Date:
Print name: Grant Lindsley	05/22/20

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	\$ 24,000
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

# 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: <b>5/19/2020</b>	Permit No.: <b>B2020-1710</b>
Date Issued: <i>5/26/2020</i>	By: <i>DS</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: <b>4875 SW Griffith Dr</b>	
City/State/ZIP: <b>Beaverton, Oregon 97005</b>	
Suite/bldg./apt. no.: <b>100</b>	Project name: <b>Griffith Building TI</b>
Cross street/directions to job site: <b>Near old building department</b>	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
<b>add pendent heads to vault and relocate heads due to new walls</b>	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: <b>AAI Engineering</b>	
Address: <b>4875 SW Griffith Dr - Ste 300</b>	
City/State/ZIP: <b>Beaverton, Oregon 97005</b>	
Phone:	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: <b>Fire One Fire Systems, INC</b>	
Contact name: <b>Nick Bocchetti</b>	
Address: <b>Po Box 734</b>	
City/State/ZIP: <b>Oregon City, Oregon 97045</b>	
Phone: <b>(503) 557-9050</b>	Fax: <b>(503) 557-9268</b>
E-mail: <b>nick@fireone.org</b>	
CONTRACTOR	
Business name: <b>Fire One Fire Systems, INC</b>	
Address: <b>PO Box 734</b>	
City/State/ZIP: <b>Oregon City, Oregon 97045</b>	
Phone: <b>(503) 557-9050</b>	Fax: <b>(503) 557-9268</b>
CCB lic.: <b>98140</b>	

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

REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	<b>3275.00</b>
Existing building area:	square feet
New building area:	square feet
Number of stories:	<b>3</b>
Type of construction:	<b>Tenant Improvement</b>
Occupancy groups:	<b>Light Hazard</b>
Existing:	
New:	

**NOTICE**

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

BUILDING PERMIT FEES*	
<i>Please refer to fee schedule</i>	
Fees due upon application	<b>232.37</b>
Amount received	
Date received:	

Authorized signature: <i>Nick S Bocchetti</i>	Date:
Print name: <b>Nick S Bocchetti</b>	<b>05/18/20</b>

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



### Building Permit Application

Community Development Department, Building Division  
 City of Beaverton  
 12726 SW Millikan Way / PO Box 4755  
 Beaverton, OR 97076  
 Phone: (503) 526-2403; Fax: (503) 526-2550  
 www.BeavertonOregon.gov/blb

OFFICE USE ONLY	
Date Received: 5/18/2020	Permit No.: B2020-1702
Date Issued: 5-26-20	By: <i>JMK</i>
	Payment Type: <i>MC</i>

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input 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: 13555 SW TV HIGHWAY	
City/State/ZIP: BEAVERTON, OR 97005	
Suite/bldg./apt. no.:	Project name: SUNSET IMPORTS
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
ADD ONE FIRE ALARM CELL PHONE DIALER TO EXISTING FIRE ALARM SYSTEM	
<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: SECURE PACIFIC	
Contact name: RICH MILLER	
Address: 8220 N INTERSTATE AVE	
City/State/ZIP: PORTLAND, OR 97217	
Phone: (503) 706-1605	Fax:
E-mail: RMILLER@SECUREPACIFIC.COM	
CONTRACTOR	
Business name: SECURE PACIFIC	
Address: 8220 N INTERSTATE AVE	
City/State/ZIP: PORTLAND, OR 97217	
Phone: (503) 706-1605	Fax:
CCB lic.: 185850	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$2583.00
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	206.11
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>C. Rich Miller</i>	Date:
Print name: C. RICH MILLER	05/18/20

# Building Permit Application

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



OFFICE USE ONLY		
Date Received:	05/13/2020	Permit No.: B2020-1651
Date issued:	5/26/2020	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: 13955 SW Millikan Way	
City/State/ZIP: Beaverton, OR 97005	
Suite/bldg./apt. no.:	Project name:
Cross street/directions to job site: Between SW 141st and SW Hocken Ave	
Subdivision:	Lot no.:
Tax map/parcel no.: 1S109CD002	
DESCRIPTION OF WORK	
Vidmar Tooling Tower	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Nike, Inc.	
Address: 1 Bowerman Dr	
City/State/ZIP: Beaverton, OR 97005	
Phone: (503) 671-6453	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Nike Air MI	
Contact name: Dio Ramos	
Address: 13630 SW Terman Rd	
City/State/ZIP: Beaverton, OR 97005	
Phone: (503) 207-8701	Fax:
E-mail: dio.ramos@nike.com	
CONTRACTOR	
Business name: Omega Morgan	
Address: 23810 NW Huffman St.	
City/State/ZIP: Hillsboro, OR 97124	
Phone: (503) 647-7474	Fax:
CCB lic.: 127213	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$136,000, per applicant <del>3000</del>
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	\$238.93
Amount received	
Date received:	

Authorized signature:	
Print name:	Date:
Dio Ramos	05/12/20

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

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

# Building Permit Application

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



OFFICE USE ONLY	
Date Received: 5/22/2020	Permit No.: B2020-1768
Date Issued: 5-26-20	By: <i>[Signature]</i>
Payment Type:	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 17885 NW EVERGREEN PL	
City/State/ZIP: Beaverton, OR 97006	
Suite/bldg./apt. no.: 2nd Floor	Project name: GT3 at Tanasbourne
Cross street/directions to job site: NW Cornell Rd	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
PROVIDE NEW NAC PANEL AND FIRE ALARM NOTIFICATION FOR MEDICAL OFFICES TI.	
<input type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: GB MANCHESTER INC. (SEE CONTRACTOR)	
Contact name: NATHAN BUTZ	
Address: 6000 NE 88TH ST, SUITE B103	
City/State/ZIP: VANCOUVER, WA 98665	
Phone: (360) 816-0484	Fax: (360) 816-0482
E-mail: NATHAN.B@GBMANCHESTER.COM	
CONTRACTOR	
Business name: GB MANCHESTER INC.	
Address: 6000 NE 88TH ST, SUITE B103	
City/State/ZIP: VANCOUVER, WA 98665	
Phone: (360) 816-0484	Fax: (360) 816-0482
CCB lic.: 202097	

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

REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$ 5,441.00
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	\$ 284.91
Amount received	
Date received:	

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

Authorized signature: <i>[Signature]</i>	Date:
Print name: NATHAN BUTZ	05/22/20

# 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



Reissus 3199 BR -EMR  
 B2018-2159

OFFICE USE ONLY	
Date Received: 9-27-18	Permit No.: B2018-4449
Date issued: 5-22-20	By: [Signature]
Payment Type: Check	

TYPE OF WORK	
<input checked="" type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input 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: 16058 SW Through Ln	
City/State/ZIP: Beaverton, OR	
Suite/bldg./apl. no.:	Project name: Russell
Cross street/directions to job site:	
Subdivision: Westmont	Lot no.: 62
Tax map/parcel no.:	
DESCRIPTION OF WORK	
NSFR	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: DR Horton, Inc	
Address: 4380 SW Macadam Ave Suite 200	
City/State/ZIP: Portland, OR 97239	
Phone: (503) 222-4151	Fax:
E-mail: plancheck@drhorton.com	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: DR Horton, Inc	
Contact name: Amanda Loveridge	
Address: SAME AS ABOVE	
City/State/ZIP:	
Phone:	Fax:
E-mail: plancheck@drhorton.com	
CONTRACTOR	
Business name: DR Horton, Inc	
Address: SAME AS ABOVE	
City/State/ZIP:	
Phone:	Fax:
CCB lic.: 130859	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$ 415,925.91
Number of bedrooms:	4
Number of bathrooms:	2.75
Total number of floors:	2
New dwelling area:	3250 square feet
Garage/carport area:	631 square feet
Covered porch area:	37 square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate 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	\$1,635.07
Amount received	
Date received:	

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

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

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

# 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: 05/01/2020	Permit No: B2018-4968
Date Issued: 5-22-20	By: JK
CITY OF BEAVERTON BUILDING DIVISION	
Payment Type: Check	

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

CATEGORY OF CONSTRUCTION	
<input 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: 17309 SW Goldcrest Ln	
City/State/ZIP: Beaverton, Or 97007	
Suite/bldg./apt. no.:	Project name: SCHM
Cross street/directions to job site:	

Subdivision: South Cooper Mountain Hts	Lot no.: 83
Tax map/parcel no.:	

DESCRIPTION OF WORK	
NEW SFR	

<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Everett Custom Homes	
Address: 3330 NW Yeon Ave	
City/State/ZIP: Portland, OR 97210	
Phone: (503) 726-7060	Fax:
E-mail: jreilly@everetthomesnw.com	

<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: Everett Custom Homes	
Contact name: Jennifer Reilly	
Address: 3330 NW Yeon Ave	
City/State/ZIP: Portland, OR 97210	
Phone: (503) 726-7060	Fax:
E-mail: jreilly@everetthomesnw.com	

CONTRACTOR	
Business name: Everett Custom Homes	
Address: 3330 NW Yeon Ave	
City/State/ZIP: Portland, Oregon 97210	
Phone: jreilly@everetthomesnw.com	Fax:
CCB lic.: 189447	

Authorized signature: <i>Jennifer Reilly</i>	Date: 4/30/20
Print name: Jennifer Reilly	

REQUIRED DATA - 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	268,188.08
Number of bedrooms:	3
Number of bathrooms:	2.5
Total number of floors:	3
New dwelling area:	1873.37 square feet
Garage/carport area:	453.14 square feet
Covered porch area:	107.93 square feet
Deck area:	29.31 square feet 0
Other structure area:	0 square feet

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

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

3720 142

# Building Permit Application

Community Development Department  
Building Division  
12726 SW Millikan Way / PO Box 4755  
Beaverton, OR 97076  
Phone: (503) 526-2493 Fax: (503) 526-2550  
General Information (503) 526-2222  
BeavertonOregon.gov



Reissue - B2018-3189

OFFICE USE ONLY	
Date Received: 11-1-18	Permit No.: B2018-5151
Date Issued: 5/22/2020	By: DJ
Payment Type:	

TYPE OF WORK	
<input checked="" type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 16109 SW Thruway Ln	
City/State/ZIP: Beaverton, OR	
Suite/bldg./apl. no.:	Project name: Russell
Cross street/directions to job site:	
Subdivision: Westmont	Lot no.: 92
Tax map/parcel no.:	
DESCRIPTION OF WORK	
NSFR	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: DR Horton, Inc	
Address: 4380 SW Macadam Ave Suite 200	
City/State/ZIP: Portland, OR 97239	
Phone: (503) 222-4151	Fax:
E-mail: plancheck@drhorton.com	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: DR Horton, Inc	
Contact name: Amanda Loveridge	
Address: SAME AS ABOVE	
City/State/ZIP:	
Phone:	Fax:
E-mail: plancheck@drhorton.com	
CONTRACTOR	
Business name: DR Horton, Inc	
Address: SAME AS ABOVE	
City/State/ZIP:	
Phone:	Fax:
CCB lic.: 130859	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed, indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$430,072.23
Number of bedrooms:	4
Number of bathrooms:	3
Total number of floors:	2
New dwelling area:	3425 square feet
Garage/carport area:	467 square feet
Covered porch area:	95 square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed, indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	\$1,681.06
Amount received	\$1,681.06
Date received:	11-7-18

Authorized signature:	
Print name:	Amanda Loveridge
Date:	6/22/18

This permit application expires if a 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

Approved  
Westmont Lot 46

RECEIVED

## OFFICE USE ONLY

Date Received: <b>12/13/2019</b>	Permit No.: <b>B2019-5155</b>
Date Issued: <b>5/22/2020</b>	By:
<b>CITY OF BEAVERTON</b>	
<b>BUILDING DIVISION</b>	
Payment Type:	

TYPE OF WORK	
<input checked="" type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: <b>15829 SW Wren Lane</b>	
City/State/ZIP: <b>Beaverton Oregon 97007</b>	
Suite/bldg./apt. no.:	Project name: <b>Westmont</b>
Cross street/directions to job site:	
Subdivision: <b>Westmont</b>	Lot no.: <b>46</b>
Tax map/parcel no.:	
DESCRIPTION OF WORK	
<b>NSFR - 2547 BL</b>	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: <b>DR Horton</b>	
Address: <b>4380 SW Macadam Ave STE 200</b>	
City/State/ZIP: <b>Portland Oregon 97239</b>	
Phone: <b>(503) 721-2393</b>	Fax:
E-mail: <b>esweeks@drhorton.com</b>	
<input type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: <b>SAME AS ABOVE</b>	
Contact name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
CONTRACTOR	
Business name: <b>SAME AS ABOVE</b>	
Address:	
City/State/ZIP:	
Phone:	Fax:
CCB lic.: <b>130859</b>	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	<b>375,120.00</b>
Number of bedrooms:	<b>4</b>
Number of bathrooms:	<b>3</b>
Total number of floors:	<b>2</b>
New dwelling area:	square feet <b>2547</b> <del>2661</del>
Garage/carport area:	square feet <b>34</b> <del>465</del>
Covered porch area:	square feet <b>95</b> <del>144</del>
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	

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

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

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

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

Authorized signature:	Date:
<b>Kristin Thurston</b>	<b>11/11/19</b>



## 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: 05/11/2020	Permit No.: B2020-1624
Date Issued: 5/20/2020	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: Equipment 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 Pkwy.	
City/State/ZIP: Beaverton, OR 97006	
Suite/bldg./apt. no.:	Project name: Clubhouse Displays
Cross street/directions to job site:	
Subdivision:	Lot no.: 1N132CA00800
Tax map/parcel no.: 15350	
DESCRIPTION OF WORK	
Installation of television displays on existing walls of two conference rooms in the existing building.	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Nike, Inc.	
Address: One Bowerman Drive	
City/State/ZIP: Beaverton, OR 97005	
Phone: (714) 388-8200	Fax:
E-mail: scott.kueny@nike.com	
<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: Truebeck Construction	
Address: 208 SW Harvey Milk St., Suite 400	
City/State/ZIP: Portland, OR 97204	
Phone: (503) 743-7070	Fax:
CCB lic.: 225133	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate 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	\$2400
Existing building area:	N/A square feet
New building area:	N/A square feet
Number of stories:	2
Type of construction:	
Occupancy groups:	B
Existing:	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	238.93
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

Authorized signature:	Date:
Charles Loving	05/11/20



## 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: 05/14/2020	Permit No.: B2020-1678
Date Issued: 5/18/2020	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: 4030 SW 139TH WAY	
City/State/ZIP: BEAVERTON, OR 97005	
Suite/bldg./apt. no.:	Project name: SUNSET IMPORTS
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
ADD ONE FIRE ALARM CELL PHONE DIALER TO EXISTING FIRE ALARM SYSTEM	
<input type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: SECURE PACIFIC	
Contact name: RICH MILLER	
Address: 8220 N INTERSTATE AVE	
City/State/ZIP: PORTLAND, OR 97217	
Phone: (503) 706-1605	Fax:
E-mail: RMILLER@SECUREPACIFIC.COM	
CONTRACTOR	
Business name: SECURE PACIFIC	
Address: 8220 N INTERSTATE AVE	
City/State/ZIP: PORTLAND, OR 97217	
Phone: (503) 706-1605	Fax:
CCB lic.: 185850	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$1,666.00
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	162.27
Amount received	
Date received:	

Authorized signature: <i>C. Rich Miller</i>	Date:
Print name: C. RICH MILLER	04/24/20

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

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



### Building Permit Application

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

OFFICE USE ONLY	
Date Received: 05/13/2020	Permit No.: B2020-1665
Date Issued: 5/19/2020	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: 16165 SW Regatta Lane	
City/State/ZIP: Beaverton, Or. 97006	
Suite/bldg./apt. no.: Suite 700	Project name: Bombay Pizza & Curry
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Furnish and Install an "Ansul Fire Suppression System" In a Kichen Hood	
<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: National Fire Fighter Corp.	
Contact name: Eric Canutt	
Address: 6330 SE 101st Ave.	
City/State/ZIP: Portland Or. 97266	
Phone: (503) 708-6808	Fax: (503) 232-7198
E-mail: ericc@nationalfirefighter.com	
CONTRACTOR	
Business name: National Fire Fighter Corp.	
Address: 6330 SE 101st Ave.	
City/State/ZIP: Portland, Or. 97266	
Phone: (503) 232-6646	Fax: (503) 232-7198
CCB lic.: 190543	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate 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	\$2,630.00
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	

**NOTICE**

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

BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	206.11
Amount received	
Date received:	

This permit application expires if a 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  
 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: 05/11/2020	Permit No. B2020-1619
Date Issued: 5/15/2020	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: Production Equip bracing
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 5500 SW Western ave	
City/State/ZIP: Beaverton, Oregon 97005	
Suite/bldg./apt. no.:	Project name: LMC Electrical bracing
Cross street/directions to job site: Allen blvd / Western ave	
Subdivision:	Lot no.: 1200
Tax map/parcel no.: 1S114CD	
DESCRIPTION OF WORK	
Sizemic bracing for wire way and electrical panel.	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: International Paper	
Address: 5500 SW Western Ave	
City/State/ZIP: Beaverton, Oregon 97005	
Phone: (503) 641-1131	Fax:
E-mail: James.Lindholm@ipaper.com	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: International Paper	
Contact name: James Lindholm	
Address: 5500 SW Western Ave	
City/State/ZIP: Beaverton, Oregon 97005	
Phone: (503) 213-0549	Fax:
E-mail: James.Lindholm@ipaper.com	
CONTRACTOR	
Business name: Olsson Industrial Electric	
Address: 1919 Laura Street	
City/State/ZIP: Springfield, Oregon 97477	
Phone: (541) 747-8460	Fax:
CCB lic.: 63473	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$25,000
Existing building area:	square feet 67500
New building area:	square feet
Number of stories:	1
Type of construction:	concrete tilt up
Occupancy groups:	manufacturing
Existing:	67500
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	\$349.54
Amount received	
Date received:	

Authorized signature:	Date:
Print name:	
James Lindholm	02/19/20

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

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

Form B70-1001 REV 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

RECEIVED

OFFICE USE ONLY	
Date Received: 03/17/2020	Permit No.: B2020-1040
Date Issued: 5/19/2020	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: Tenant Improvement
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: 11350 SW Canyon RD	
City/State/ZIP: Beaverton, OR 97005	
Suite/bldg./apt. no.: 203	Project name: Cyti Physical Therapy
Cross street/directions to job site: SW Canyon Road & HWY 217	
Subdivision:	Lot no.: Tax lot 500
Tax map/parcel no.: 1S1-15AB	
DESCRIPTION OF WORK	
Tenant improvement work for a Physical Therapy office in suite 203 of an existing building. This is interior work only and will include	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Edge Development	
Address: 2233 NW 23rd Avenue, Suite 100	
City/State/ZIP: Portland, OR 97210	
Phone: (503) 292-7733	Fax:
E-mail: Ed@edgedevelop.com	
<input type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: Novak Architecture Inc.	
Contact name: Terry Novak - Architect	
Address: 17020 SW Upper Boones Ferry Rd. Suite 200	
City/State/ZIP: Portland, OR 97224	
Phone: (503) 352-4987	Fax:
E-mail: tnovak@novakarchitecture.com	
CONTRACTOR	
Business name: Edge Development	
Address: 2233 NW 23rd Avenue, Suite 100	
City/State/ZIP: Portland, OR 97210	
Phone: (503) 292-7733	Fax:
CCB lic.: 147657	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	99,080
Existing building area:	2477 square feet
New building area:	2477 square feet
Number of stories:	1
Type of construction:	Tenant Improvement
Occupancy groups:	B- Business
Existing:	B
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	1,398.79
Amount received	
Date received:	03/13/20

Authorized signature:

Print name:	Date:
Terry Novak	03/12/20

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

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



## 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: 5/8/2020	Permit No.: B2020-1600
Date Issued: 5/15/2020	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 type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input checked="" type="checkbox"/> Other: Hotel
JOB SITE INFORMATION AND LOCATION	
Job site address: 15655 NW Blueridge Drive	
City/State/ZIP: Beaverton, OR 97006	
Suite/bldg./apt. no.:	Project name: Element by Westin
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
2-Way Communication System	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Brandt Hospitality Group Inc.	
Address: 2640 47th Street S.	
City/State/ZIP: Fargo, ND 58104	
Phone:	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Tradesmen Electric	
Contact name: Scott Erickson	
Address: 1121 SE 22nd Street	
City/State/ZIP: Battle Ground WA 98604	
Phone: (360) 666-1199	Fax:
E-mail: scotterickson@tradesmenelectric.com	
CONTRACTOR	
Business name: Tradesmen Electric	
Address: 1121 SE 22nd Street	
City/State/ZIP: Battle Ground WA 98604	
Phone: (360) 666-1199	Fax:
CCB lic.: 196802	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate 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	\$8,900.00
Existing building area:	square feet
New building area:	square feet
Number of stories:	4
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	104.25
Amount received	
Date received:	

Authorized signature:	Date:
Print name: SCOTT ERICKSON	05/08/20

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

Russell

3580 CL - EWR

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

B2018-2485



OFFICE USE ONLY	
Date Received: 9-20-18	Permit No.: B2018-2485
Date Issued: 5/14/2020	By: DJ
Payment Type:	

TYPE OF WORK	
<input checked="" type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 16047 SW Thrush Ln	
City/State/ZIP: Beaverton, OR	
Suite/bldg./apt. no.:	Project name: Russell
Cross street/directions to job site:	
Subdivision: Westmont	Lot no.: 93
Tax map/parcel no.:	
DESCRIPTION OF WORK	
NSFR	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: DR Horton, Inc	
Address: 4380 SW Macadam Ave Suite 200	
City/State/ZIP: Portland, OR 97239	
Phone: (503) 222-4151	Fax:
E-mail: plancheck@drhorton.com	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: DR Horton, Inc	
Contact name: Amanda Loveridge	
Address: SAME AS ABOVE	
City/State/ZIP:	
Phone:	Fax:
E-mail: plancheck@drhorton.com	
CONTRACTOR	
Business name: DR Horton, Inc	
Address: SAME AS ABOVE	
City/State/ZIP:	
Phone:	Fax:
CCB lic.: 130859	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$445,872.08
Number of bedrooms:	5
Number of bathrooms:	2.75
Total number of floors:	2
New dwelling area:	3580 square feet
Garage/carport area:	418 square feet
Covered porch area:	85 square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate 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	\$1,727.05
Amount received	
Date received:	

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

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

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

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: 04/27/2020	Permit No.: B2020-1468
Date Issued: 5/13/2020	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: 9125 SW Pony Place	
City/State/ZIP: Beaverton/OR/97008	
Suite/bldg./apt. no.:	Project name: FrontYard Retaining Wall
Cross street/directions to job site: SW Pony Place and SW Brockman	
Subdivision: Sorrento Ridge	Lot no.: R272118
Tax map/parcel no.: 1S128CB04300	
DESCRIPTION OF WORK	
Portion of front yard will be updated with retaining wall and steps.	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Zachary Dunn	
Address: 9125 SW Pony Place	
City/State/ZIP: Beaverton, OR, 97008	
Phone: (971) 409-8514	Fax:
E-mail: zach.international@gmail.com	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Homeowner	
Contact name: Zachary Dunn	
Address: 9125 SW Pony Place	
City/State/ZIP: Beaverton, OR, 97008	
Phone: (971) 409-8514	Fax:
E-mail: zach.international@gmail.com	
CONTRACTOR	
Business name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
CCB lic.:	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	5500.00
Number of bedrooms:	0
Number of bathrooms:	0
Total number of floors:	0
New dwelling area:	0 square feet
Garage/carport area:	0 square feet
Covered porch area:	0 square feet
Deck area:	0 square feet
Other structure area:	0 square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	127.03
Amount received	
Date received:	

Authorized signature:	Date:
Zachary Dunn	04/26/20

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

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

Form B70-1001 REV 11/19



**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: <b>5/5/2020</b>	Permit No.: <b>B2020-1556</b>
Date Issued: <b>5/13/2020</b>	By: <b>DJ</b>
Payment Type:	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input 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: <b>7020 SW Tierra Del Mar Dr</b>	
City/State/ZIP: <b>Beaverton Or 97007</b>	
Suite/bldg./apt. no.:	Project name: <b>Stubblefield</b>
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Replace existing decks	
<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: <b>Walter Bros Construction LLC dba Pdx Deck and Fence</b>	
Contact name: <b>Jeff Walter</b>	
Address: <b>20006 Homestead Dr</b>	
City/State/ZIP: <b>Oregon City. Or 97045</b>	
Phone: <b>503-332-5076</b>	Fax:
E-mail: <b>Pdxdeckandfence@comcast.net</b>	
CONTRACTOR	
Business name: <b>Walter Bros Construction dba Pdx Deck and Fence</b>	
Address: <b>20006 Homestead Dr</b>	
City/State/ZIP: <b>Oregon City Or 97045</b>	
Phone: <b>503-332-5076</b>	Fax:
CCB lic.: <b>178555</b>	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	<b>17,000</b>
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	<b>426</b> square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate 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	<b>\$255.85</b>
Amount received	
Date received:	

Authorized signature:	Date:
Print name: <b>Jeff Walter</b>	<b>April 28, 2020</b>

This permit application expires if a 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: 5/6/2020	Permit No.: B2020-1578
Date Issued: 5/12/2020	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: 12865 SW Glenn Drive	
City/State/ZIP: Beaverton OR 97008	
Suite/bldg./apt. no.:	Project name: Davis-Remodel
Cross street/directions to job site: SW Fir Ct & SW Glenn Dr.	
Subdivision: Little Tree, Block 6	Lot no.: 11
Tax map/parcel no.: 1S121DA-02100	
DESCRIPTION OF WORK	
Reconstruction/Remodel after dishwasher flood	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Danial & Megan Davis	
Address: 12865 SW Glenn Drive	
City/State/ZIP: Beaverton OR 97008	
Phone: (503) 515-5128	Fax:
E-mail: home@thedavis4.com	
<input type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name:	
Contact name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
CONTRACTOR	
Business name: SAULE AS ABOVE	
Address:	
City/State/ZIP:	
Phone:	Fax:
CCB lic.:	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	10000
Number of bedrooms:	4
Number of bathrooms:	3
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	139.05
Amount received	
Date received:	

Authorized signature:	
Print name:	Date:
Danial A Davis	05/01/20

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

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



# Building Permit Application

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

OFFICE USE ONLY	
Date Received:	Permit No. <b>B2020-1329</b>
Date Issued: <b>5/4/2020</b>	By: <b>[Signature]</b>
Payment Type:	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: <b>15985 NW SCHENDEL AVE.</b>	
City/State/ZIP: <b>BEAVERTON, OR 97006</b>	
Suite/bldg./apt. no.:	Project name: <b>VOXTEL</b>
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
<b>GROUND FLOOR: NO WORK ON FIRST FLOOR THIS PERMIT.</b>	
<b>2ND FLOOR: COMBINE ADJACENT SPACE (FORMERLY STATE FARM) BY REMOVING WALLS AND HALLWAY TO MAKE ADDITIONAL OPEN OFFICE. BUILDING BECOMES SINGLE-TENANT BUILDING.</b>	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: <b>QUANTUM VOX LLC</b>	
Address: <b>15985 NW SCHENDEL AVE.</b>	
City/State/ZIP: <b>BEAVERTON, OR 97006</b>	
Phone: <b>971-223-5642</b>	Fax:
E-mail:	
<input type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: <b>OREGON BUSINESS ARCHITECTURE</b>	
Contact name: <b>JAMEY REEDER</b>	
Address: <b>P.O. BOX 80301</b>	
City/State/ZIP: <b>PORTLAND OR 97280</b>	
Phone: <b>503-228-1477</b>	Fax:
E-mail: <b>JR@orBizArch.com</b>	
CONTRACTOR	
Business name: <b>SUMMIT CONSTRUCTION</b>	
Address: <b>P.O. BOX 10345</b>	
City/State/ZIP: <b>PORTLAND, OR 97296</b>	
Phone: <b>503-223-9703</b>	Fax:
CCB lic.: <b>63249</b>	
Authorized signature: <b>[Signature]</b>	Date: <b>4-10-20</b>
Print name: <b>JAMEY REEDER</b>	Date: <b>4-10-20</b>

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	<b>4/21/2020</b>
Number of bedrooms:	<b>CITY OF BEAVERTON BUILDING DIVISION</b>
Number of bathrooms:	<b>REV 20-205</b>
Total number of floors:	<b>T</b> square feet
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	<b>40700</b>
Existing building area:	<b>14,765</b> square feet
New building area:	<b>- 0 -</b> square feet
Number of stories:	<b>2</b>
Type of construction:	<b>V.B</b>
Occupancy groups:	
Existing:	<b>B</b>
New:	<b>B</b>
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply.	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	
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: 03/02/2020	Permit No.: B2020-0845
Date Issued: 5/16/2020	BY: [Signature]
CITY OF BEAVERTON BUILDING DIVISION	
Payment Type:	

TYPE OF WORK	
<input checked="" type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 11375 SW Center Street	
City/State/ZIP: Beaverton, OR 97005	
Suite/bldg./apt. no.:	Project name: ACMA
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
New 45,038 2 level Magnet Academy, Occupancy Class E, Construction Type II B to be fully sprinklered per NFPA 13, 2013. Point of connection is to be at first flange inside riser room.	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Beaverton School Dist 48J	
Address: 16550 SW Merlo Rd.	
City/State/ZIP: Beaverton, OR 97003	
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	\$ 321,437.
Existing building area:	square feet
New building area:	square feet 45,038
Number of stories:	2
Type of construction:	II B
Occupancy groups:	E
Existing:	
New:	Y
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
PLEASE CALL FOR PERMIT PAYMENT 208-468-9115	
BUILDING PERMIT FEES*	
<i>Please refer to fee schedule</i>	
Fees due upon application	\$1210.69
Amount received	
Date received:	

Authorized signature:	Date:
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

\* 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: 4/23/2020	Permit No.: B2020-1431
Date Issued: <i>[Signature]</i>	By: <i>[Signature]</i>
Payment Type:	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition (alteration) replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input 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: 7290 SW 140 <sup>th</sup> Avenue	
City/State/ZIP: Beaverton OR	
Suite/bldg./apt. no.:	Project name: Wells
Cross street/directions to job site: 140 <sup>th</sup> & Hart Rd	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Replace existing window with a smaller one. Not adjusting the existing header location. Create kitchenette	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Karl Wells	
Address: 7290 SW 140 <sup>th</sup> Avenue	
City/State/ZIP: Beaverton, OR	
Phone: (541) 441-5858	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: McKenzie Remodeling	
Contact name: Jeff McKenzie	
Address: 7635 SW 161 <sup>st</sup> Drive	
City/State/ZIP: Beaverton, OR 97007	
Phone: (503) 407-4742	Fax:
E-mail: mckenzie remodel@gmail.com	
CONTRACTOR	
Business name: McKenzie Remodeling	
Address: 7635 SW 161 <sup>st</sup> Drive	
City/State/ZIP: Beaverton, OR 97007	
Phone: (503) 407-4742	Fax:
CCB lic.: 191849	
Authorized signature: <i>[Signature]</i>	
Print name: Jeff McKenzie	Date: 2/4/2020

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	\$ 2500
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet

REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate 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	91.90
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



## 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: 12-30-19	Permit No.: B2019-5309
Date Issued: 5/1/2020	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 type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 15655 NW Blueridge Drive	
City/State/ZIP: Beaverton OR 97006	
Suite/bldg./apt. no.:	Project name: Element by Westin
Cross street/directions to job site: NW Blueridge Dr & NW Greenbrier PKWY	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Fire sprinkler install in new construction hotel.	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Brandt Hospitality Group	
Address: 2640 47th Street S	
City/State/ZIP: Fargo North Dakota 58104	
Phone: (701) 499-5322	Fax:
E-mail: matt.kalbus@brandthg.com	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: Jet Fire Protection	
Contact name: Bronson Jones	
Address: 1935 Silverton Road	
City/State/ZIP: Salem OR 97301	
Phone: (503) 798-4502	Fax: (503) 364-2204
E-mail: Bronson.J@jetindustries.net	
CONTRACTOR	
Business name: Jet Industries	
Address: 1935 Silverton Road	
City/State/ZIP: Salem OR 97301	
Phone: (503) 363-2334	Fax: (503) 364-2204
CCB lic.: 3944	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$111,817.00
Existing building area:	N/A square feet
New building area:	71,638 square feet
Number of stories:	4
Type of construction:	V-A
Occupancy groups:	A-3, A-2, R-211
Existing:	
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	\$583.21
Amount received	
Date received:	

Authorized signature: [Signature]

Print name: Bronson Jones	Date: 12/20/2019
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This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

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

# Building Permit Application



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: 03/02/2020	Permit No.: B2020-0845
Date Issued: 03/02/2020	By: [Signature]
CITY OF BEAVERTON BUILDING DIVISION	
Payment Type:	

TYPE OF WORK	
<input checked="" type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 11375 SW Center Street	
City/State/ZIP: Beaverton, OR 97005	
Suite/bldg./apt. no.:	Project name: ACMA
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
New 45,038 2 level Magnet Academy, Occupancy Class E, Construction Type II B to be fully sprinklered per NFPA 13, 2013. Point of connection is to be at first flange inside riser room.	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Beaverton School Dist 48J	
Address: 16550 SW Merlo Rd.	
City/State/ZIP: Beaverton, OR 97003	
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	\$ 321,437.
Existing building area:	square feet
New building area:	square feet 45,038
Number of stories:	2
Type of construction:	II B
Occupancy groups:	E
Existing:	
New:	Y
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be 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	\$1210.69
Amount received	
Date received:	

Authorized signature:	
Print name:	Date:
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

\* 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: 02/20/2020	Permit No.: B202-0613
Date Issued: 5/8/2020	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: 7935 SW Scholls Ferry Road	
City/State/ZIP: Beaverton, OR 97008	
Suite/bldg./apt. no.:	Project name: Whitford MS HVAC & Ro
Cross street/directions to job site: Located on SW Scholls Ferry Road between SW Marjorie Lane and SW Crystal St.	
Subdivision:	Lot no.:
Tax map/parcel no.: 1S123CC02802	
DESCRIPTION OF WORK	
New roof recover of existing roof membrane, skylight replacement, interior patching and finish work due to HVAC work. New enclosure for exterior chiller unit.	
<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) 356-4500	Fax:
E-mail: Christopher_Hansen@beaverton.k12.or.us	
<input type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: BBL Architects	
Contact name: Phil Hatzenbuehler	
Address: 200 N. State St.	
City/State/ZIP: Lake Oswego, OR 97034	
Phone: (503) 850-7856	Fax:
E-mail: phil@bblarchitects.com	
CONTRACTOR	
Business name: Inline Construction	
Address: PO Box 5837	
City/State/ZIP: Aloha, OR 97078	
Phone: (503) 642-5117	Fax:
CCB lic.: 51880	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate 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	\$2,750,000
Existing building area:	121777 square feet
New building area:	121777 square feet
Number of stories:	2
Type of construction:	VB
Occupancy groups:	
Existing:	E
New:	E
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	\$9,239.89
Amount received	
Date received:	

Authorized signature:	
Print name:	Date:
Chris Hansen	01/20/20

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) 628-2403; Fax: (503) 628-2550  
 www.BeavertonOregon.gov/bib

OFFICE USE ONLY	
Date Received: 5/5/2020	Permit No.: B2020-1559
Date issued: 5/8/2020	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: Fire Alarm / Sprinkler
JOB SITE INFORMATION AND LOCATION	
Job site address: 15520 NW Gateway CT	
City/State/ZIP: Beaverton OR 97006	
Suite/bldg./apt. no.:	Project name: Remodel Hilton
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Adjust Fire Alarm and Fire Sprinkler as needed via affidavits. Adjustments are required due to Permit # B2020-0671	
<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: Hi-Tech Systems	
Contact name: Scott Hegge	
Address: 512 NW Carly Road	
City/State/ZIP: Ridgefield WA 98642	
Phone: (360) 887-7062	Fax: (360) 887-7065
E-mail: scott@htswa.com	
CONTRACTOR	
Business name: Hi-Tech Systems	
Address: 512 NW Carly Road	
City/State/ZIP: Ridgefield WA	
Phone: (360) 887-7062	Fax: (360) 887-7065
CCB Lic.: 124360	

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

REQUIRED DATA COMMERCIAL USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	5,000.00
Existing building area:	square feet
New building area:	square feet
Number of stories:	2
Type of construction:	Light Hazard
Occupancy groups:	
Existing:	
New:	0

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

BUILDING PERMIT FEES	
Please refer to fee schedule	
Fees due upon application	\$258.64
Amount received	
Date received:	

Authorized signature: <i>Scott Hegge</i>	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 97076  
 Phone: (503) 526-2403; Fax: (503) 526-2550  
 www.BeavertonOregon.gov/blb

RECEIVED OFFICE USE ONLY	
Date Received: 01/03/2020	Permit No.: B2020-0040
Date Issued: 5/8/2020	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 checked="" type="checkbox"/> Other: Telecommunication
JOB SITE INFORMATION AND LOCATION	
Job site address: 8705 SW Hall Blvd	
City/State/ZIP: Beaverton, OR 97008	
Suite/bldg./apt. no.:	Project name: AT&T PT84 6C
Cross street/directions to job site: Cross street - SW Scholls Ferry Rd Tower located in SW corner of parcel	
Subdivision:	Lot no.:
Tax map/parcel no.: 1S126BC01300 R235515	
DESCRIPTION OF WORK	
Replace (6) antennas and (6) RRUs on existing tower and remove accessory devices.	
<input type="checkbox"/> PROPERTY OWNER	<input checked="" type="checkbox"/> TENANT
Name: Crown Castle for New Cingular Wireless PCS LLC ("AT&T Mobility")	
Address: 1505 Westlake Ave N Suite 800	
City/State/ZIP: Seattle WA 98109	
Phone:	Fax:
E-mail:	
<input type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: Lynx Consulting, Agent for Applicant Crown Castle	
Contact name: Jennifer Taylor	
Address: 17311 135th Ave NE Suite A-100	
City/State/ZIP: Woodinville WA 98072	
Phone: (206) 228-2127	Fax:
E-mail: jtaylor@lynxconsulting.org	
CONTRACTOR	
Business name: <u>ETB Electric Tech Construction</u>	
Address: <u>1910 Mark Court Ste 130</u>	
City/State/ZIP: <u>Concord Ca 94520</u>	
Phone: <u>2025-849-5324</u>	Fax:
CCB lic.: <u>230597</u>	
Authorized signature: <u>[Signature]</u>	
Print name: <u>Jennifer Taylor</u>	Date: <u>1/3/2020</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:	0
Number of bathrooms:	0
Total number of floors:	0
New dwelling area:	0 square feet
Garage/carport area:	0 square feet
Covered porch area:	0 square feet
Deck area:	0 square feet
Other structure area:	0 square feet

REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$25,000.00
Existing building area:	n/a square feet
New building area:	n/a square feet
Number of stories:	0
Type of construction:	Telecommunications
Occupancy groups:	unoccupied
Existing:	telecommunications
New:	telecommunications

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

BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	\$349.54
Amount received	
Date received:	fees Paid 1/30/2020

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

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

# Building Permit Application

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



OFFICE USE ONLY	
Date Received: 10-2-19	Permit No.: B2019-4135
Date Issued: 5/11/2020	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 checked="" type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 17520 NW Cornell Road	
City/State/ZIP: Beaverton, OR 97005	
Suite/bldg./apt. no.: -	Project name: Birch Pointe Clubhouse
Cross street/directions to job site: There are no cross streets	
Subdivision: R2/ Five Oaks/Triple Creek	Lot no.: 00600
Tax map/parcel no.: R1329404	
DESCRIPTION OF WORK	
The proposed design is for a renovation of the existing clubhouse building at Birch Pointe Apartments. The intent of the project is to renovate the interior and repurpose the leasing and amenities spaces within the building. And in so renovating the building, upgrade the building to meet current accessibility, health, and building code standards, along with providing a new aesthetic for the interior finishes.	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Prometheus Real Estate Group	
Address: 1015 NW 11th Avenue, Suite 242	
City/State/ZIP: Portland, OR 97209	
Phone: (503) 310-1374	Fax: (650) 931-3548
E-mail: rrowe@prometheusreg.com	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: SERA Design and Architecture, Inc.	
Contact name: Jordan Gromiak	
Address: 338 NW 5th Avenue	
City/State/ZIP: Portland, OR 97209	
Phone: (503) 847-2128	Fax: (503) 445-7395
E-mail: jordang@seradesign.com	
CONTRACTOR	
Business name: Grow Construction, LLC	
Address: 13170 SW Wall Street	
City/State/ZIP: Tigard, OR 97223	
Phone: (503) 278-5332	Fax:
CCB lic.: 191492	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate 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	\$536,000
Existing building area:	square feet 3,506
New building area:	square feet 3,506
Number of stories:	1
Type of construction:	V-B
Occupancy groups:	A-3
Existing:	A-3
New:	No change to occupancy
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	\$4,685.03
Amount received	
Date received:	

Authorized signature:	Date:
Print name: Jordan Gromiak	10/01/19

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

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

# 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:	Permit No.: B2019-3962
Date Issued:	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 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 ST	
City/State/ZIP: BEAVERTON, OR 97006	
Suite/bldg./apt. no.: SWIM CENTER	Project name: WEST END DISTRICT
Cross street/directions to job site: MURRAY BLVD AND TUALATIN VALLEY HIGHWAY	
Subdivision: WEST END DISTRICT	Lot no.: SWIM CENTER
Tax map/parcel no.:	
DESCRIPTION OF WORK	
THIS IS THE APPLICATION FOR THE WEST END DISTRICT SWIM CENTER.	
<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 type="checkbox"/> APPLICANT	<input checked="" 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: (503) 314-0807	Fax:
E-mail: blewallen@taylormorrison.com, awalters1@taylormorrison.com	
CONTRACTOR	
Business name: Polyan	
Address: 703 Broadway St Ste 510	
City/State/ZIP: Vancouver Wa. 98660	
Phone: 360-695-7700	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 appli	
Valuation	The valuation is \$746,924.00
Existing building area:	square feet
New building area:	square feet 9019
Number of stories:	
Type of construction:	NEW CONSTRUCTION
Occupancy groups:	TENANTS
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	\$2,238.75
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



# 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: 4/30/2020	Permit No.: B2020-1528
Date Issued: 5/11/2020	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: 6915 SW Tierra Del Mar Dr	
City/State/Zip: Beaverton, OR 97007	
Suite/bldg./apt. no.:	Project name: Steele 35232
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.: R2027253	
DESCRIPTION OF WORK	
Voluntary Underpinning Using 9 Helical Piers	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Don Steele	
Address: 6915 SW Tierra Del Mar	
City/State/ZIP: Beaverton, OR 97007	
Phone: (503) 358-8582	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	\$20,692.00
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	219.44
Amount received	
Date received:	

Authorized signature:	
Print name:	ELENITA RONQUILLO
Date:	04/30/20

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



**Building Permit Application**  
 Community Development Department, Building Division  
 City of Beaverton  
 12725 SW Milliken Way / PO Box 4755  
 Beaverton, OR 97075  
 Phone: (503) 528-2403; Fax: (503) 526-2550  
 www.BeavertonOregon.gov/bib

OFFICE USE ONLY	
Date Received: 5/5/2020	Permit No.: B2020-1554
Date Issued: 5/11/2020	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: 2730 SW SCHILLER TERR	
City/State/ZIP: PORTLAND, OR 97225	
Subst/bldg./apt. no.: N/A	Project name: JONES L
Cross street/directions to job site: SCHILLER ROAD IS CLOSEST X STREET	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
INSTALL HIDDEN STEEL I BEAM AS 2ND STORY SUPPORT	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: SUSAN GROSSO JONES	
Address: 2730 SW SCHILLER TERR	
City/State/ZIP: PORTLAND, OR 97225	
Phone: 503.267.2671	Fax: NONE
E-mail: SILVER.PRADA@GMAIL.COM	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: NONE	
Contact name: SUSAN GROSSO JONES	
Address: SAME AS ABOVE	
City/State/ZIP:	
Phone: SAME	Fax:
E-mail: U	
CONTRACTOR	
Business name: MY GUY MAINTENANCE	
Address: 12435 SW FOOTHILL DR.	
City/State/ZIP: PORTLAND, OR 97225	
Phone: 503.320.9302	Fax: NONE
CCB lic.: 16A194	
Authorized signature: <i>Susan Grosso Jones</i>	Date: 5.4.20
Print name: SUSAN GROSSO JONES	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$ 6905 .
Number of bedrooms:	3
Number of bathrooms:	2.5
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 10
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply.	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	\$ 117.12
Amount received	
Date received:	

This permit application expires if a 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 Building Permit Application**  
**AFFIDAVIT**  
**PERMIT BEAVERTON 1574**  
**ISSUED BY: ADI**

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: 5/6/2020	Permit No.: B2020-1574
Date Issued: 5/11/2020	By: DJ
Payment Type:	

**DATE:** 5/7/2020

**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: 13925 SW 27th Street

City/State/ZIP: Beaverton OR. 97008

Suite/bldg./apt. no.: Project name: Pugsley

Cross street/directions to job site:

Subdivision: Lot no.:

Tax map/parcel no.:

**DESCRIPTION OF WORK**

Adding 3.9 kW Roof Top Solar PV System

PROPERTY OWNER  TENANT

Name: Scott Pugsley

Address: 13925 SW 27th Street

City/State/ZIP: Beaverton OR. 97008

Phone: 206 713-0681 Fax:

E-mail: spugsley@gmail.com

APPLICANT  CONTACT PERSON

Business name: Premier Solar NW

Contact name: Robert M. 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 \$11,900.00

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	128.80
Amount received	
Date received:	

Authorized signature: 

Print name: Clifford Barry Date: 5/6/20

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

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

Form B70-1001 REV 11/19



## Building Permit Application

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

### OFFICE USE ONLY

Date Received: 4/22/2020	Permit No.: B2020-1425
Date Issued: 5-7-20	By: <i>the</i>
	Payment Type: <i>Visa</i>

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input 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: 17856 Nw Pioneer Rd	
City/State/ZIP: Beaverton OR 97006	
Suite/bldg./apt. no.:	Project name: Cover Deck
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.: 1N131CD04200	
DESCRIPTION OF WORK	
Cover Existing Deck	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Ty Hoang	
Address: 17856 NW Pioneer Rd.	
City/State/ZIP: Beaverton OR 97006	
Phone: (503) 621-4555	Fax:
E-mail: tyhoang_2000@yahoo.com	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Ryone LLC	
Contact name: Raul Onescu	
Address: 14349 SW Compass Dr.	
City/State/ZIP: Beaverton OR 97005	
Phone: (971) 322-9416	Fax:
E-mail: raulone28@yahoo.com	
CONTRACTOR	
Business name: Ryone LLC	
Address:	
City/State/ZIP:	
Phone:	Fax:
CCB lic.: 193174	
Authorized signature:	
Print name: Raul onescu	Date: 04/22/20

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	8500
Number of bedrooms:	0
Number of bathrooms:	0
Total number of floors:	0
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	320 square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate 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	162.16
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

**CITY OF BEAVERTON**

**Building Permit Application**

Community Development Department, Building Division  
City of Beaverton

PERMIT # **B2020-1543**

12725 SW Millikan Way / PO Box 4755  
Beaverton, OR 97005

Phone: (503) 526-7403 Fax: (503) 526-2550

www.beaverton.gov



OFFICE USE ONLY	
Date Received: <b>5/4/2020</b>	Permit No.: <b>B2020-1543</b>
Date Issued: <b>5-7-20</b>	By: <i>[Signature]</i>
	Payment Type: <del>W/S</del> <b>MC</b>

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: <b>6370 SW Chestnut Ln</b>	
City/State/ZIP: <b>Beaverton, OR 97005</b>	
Suite/bldg./apt. no.:	Project name: <b>Casey Solar System</b>
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
<b>7.8kW rooftop solar pv system. (24) Panasonic modules (1) SolarEdge Inverter. IronRidge racking system.</b>	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: <b>Mike Casey</b>	
Address: <b>6370 SW Chestnut Ln</b>	
City/State/ZIP: <b>Beaverton, OR 97005</b>	
Phone: <b>(503) 735-5252</b>	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: <b>Sunbridge Solar</b>	
Contact name: <b>Haley Polk</b>	
Address: <b>421 C St Unit 5A</b>	
City/State/ZIP: <b>Washougal, WA 98671</b>	
Phone: <b>(971) 325-4164</b>	Fax:
E-mail: <b>haley@sunbridgesolar.com</b>	
CONTRACTOR	
Business name: <b>Sunbridge Solar</b>	
Address: <b>421 C St Unit 5A</b>	
City/State/ZIP: <b>Washougal, WA 98671</b>	
Phone: <b>(971) 325-4164</b>	Fax:
CCB lic.: <b>189787</b>	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	<b>\$5,000</b>
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate 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	<b>207.20</b>
Amount received	
Date received:	

Authorized signature: <i>Haley Polk</i>	Date:
Print name: <b>Haley Polk</b>	<b>04/27/20</b>

This permit application expires if a 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

RECEIVED

OFFICE USE ONLY	
Date Received: 03/25/2020	Permit No.: B2020-1115
Date issued: 5-7-20	By: <i>[Signature]</i>
CITY OF BEAVERTON BUILDING DIVISION	
Payment Type: VISC	

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: 14725 SW Teal Blvd	
City/State/ZIP: Beaverton, OR 97007	
Suite/bldg./apt. no.: n/a	Project name: Murrayhill Marketplace
Cross street/directions to job site: SW Teal Blvd and SW Murray Blvd	
Subdivision:	Lot no.: 53
Tax map/parcel no.: 1S132AD00300	
DESCRIPTION OF WORK	
Install new ATM with associated work.	
<input type="checkbox"/> PROPERTY OWNER	<input checked="" type="checkbox"/> TENANT
Name: Regency Centers LP	
Address: PO Box 790830	
City/State/ZIP: San Antonio, TX 78279	
Phone: (303) 300-5330	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: CIM Group, Inc.	
Contact name: Andrea Rios	
Address: 960 Discovery Ln	
City/State/ZIP: Anaheim, CA 92801	
Phone: (714) 768-6817	Fax: (714) 956-8157
E-mail: arios@cimgroupinc.com	
CONTRACTOR	
Business name: Quadrus, Inc.	
Address: 4647 SW Huber St	
City/State/ZIP: Portland, OR 97219	
Phone: (503) 293-8934	Fax:
CCB lic.: 88404	
Authorized signature: <i>[Signature]</i>	
Print name: Andrea Rios	Date: 03/19/20

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	n/a
Number of bedrooms:	n/a
Number of bathrooms:	n/a
Total number of floors:	n/a
New dwelling area:	n/a square feet
Garage/carport area:	n/a square feet
Covered porch area:	n/a square feet
Deck area:	n/a square feet
Other structure area:	n/a square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$17,890
Existing building area:	square feet
New building area:	square feet
Number of stories:	n/a
Type of construction:	VB
Occupancy groups:	U
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	\$439.56
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  
 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: 4/23/2020	Permit No.: B2020-1442
Date Issued: 5/4/2020	
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: 12570 Sw 1st st	
City/State/ZIP: Beaverton Or 97005	
Suite/bldg./apt. no.:	Project name: Koya Sushi
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	
Contact name: Greg Heath	
Address: 18260 Sw 100th Ct	
City/State/ZIP: Tualatin, Or 97062	
Phone: (503) 691-9000	Fax:
E-mail: universalfireequipment@hotmail.com	
CONTRACTOR	
Business name: Universal Fire Equipment	
Address: 18260 Sw 100th Ct	
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	3750.00
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	66.60
Amount received	
Date received:	

Authorized signature:

Print name: Rocky Bulander Date: 3/30/2020

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: 04/30/2020	Permit No.: B2020-1517
Date Issued: 5/1/2020	Payment Type:
CITY OF BEAVERTON BUILDING DIVISION	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input 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: 1239 NW 175 PI	
City/State/ZIP: Beaverton, OR 97006	
Suite/bldg./apt. no.:	Project name: Adam and Amy McQueen
Cross street/directions to job site: Autumn Ridge Drive	
Subdivision: Triple Creek	Lot no.: ?
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Kitchen remodel; new electrical, cabinets, floors, insulation / sheet rock, new patio door and window	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Adam McQueen	
Address: 1239 NW 175 PI	
City/State/ZIP: Beaverton, OR 97006	
Phone: (503) 466-4256	Fax:
E-mail: adammcqueen@gmail.com	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name:	
Contact name: Adam McQueen	
Address: 1239 NW 175 pl	
City/State/ZIP: Beaverton, OR 97006	
Phone: (503) 466-4256	Fax:
E-mail: adammcqueen@gmail.com	
CONTRACTOR	
Business name: Self	
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	\$40000
Number of bedrooms:	4
Number of bathrooms:	2.5
Total number of floors:	2
New dwelling area:	0 square feet
Garage/carport area:	0 square feet
Covered porch area:	0 square feet
Deck area:	0 square feet
Other structure area:	0 square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
Home owner acting as his own general contractor. If I hire subcontractors they will be licensed, bonded and insured.	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	
Amount received	
Date received:	

Authorized signature: *Adam McQueen*

Print name: Adam McQueen	Date: 4/29/2020
--------------------------	-----------------

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 4756  
 Beaverton, OR 97078  
 Phone: (503) 526-2403; Fax: (503) 526-2550  
 www.BeavertonOregon.gov/bib

OFFICE USE ONLY	
Date Received: 5/5/2020	Permit No.: B2020-1566
Date Issued: 5/14/2020	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 type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input checked="" type="checkbox"/> Other: Fire Alarm
JOB SITE INFORMATION AND LOCATION	
Job site address: 15520 NW Gateway CT	
City/State/ZIP: Beaverton OR 97006	
Suite/bldg./apt. no.:	Project name: Remodel Hilton
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Add two fire alarm Piazos, Relocate 1 Horn Strobe and relocate 1 Manual Fire Alarm Pullstation	
<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: Hi-Tech Systems	
Contact name: Scott Hegge	
Address: 512 NW Carty Road	
City/State/ZIP: Ridgefield WA 98642	
Phone: (360) 887-7062	Fax: (360) 887-7065
E-mail: scott@htswa.com	
CONTRACTOR	
Business name: Hi-Tech Systems	
Address: 512 NW Carty Road	
City/State/ZIP: Ridgefield WA 98642	
Phone: (360) 887-7062	Fax: (360) 887-7065
COB lic.: 124360	

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

REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	1,500.00
Existing building area:	square feet
New building area:	square feet
Number of stories:	2
Type of construction:	Light Hazard
Occupancy groups:	
Existing:	
New:	0

**NOTICE**

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

[Empty space for notice details]

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

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

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

Authorized signature: <i>Scott Hegge</i>	Date:
Print name:	

P1997-1410



**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: 5/4/2020	Permit No.: B2020-1542
Date Issued: 5/6/2020	By: [Signature]
Payment Type:	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input checked="" type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 3555 SW 153rd Street	
City/State/ZIP: Beaverton, OR 97006	
Suite/bldg./apt. no.:	Project name: Creekside Improvements
Cross street/directions to job site: SW 153rd Street and Beaverton Creek Court	
Subdivision:	Lot no.: 16-17
Tax map/parcel no.: 1S18DC-00301	
DESCRIPTION OF WORK	
Removal of existing non-structural interior partitions, interior storefront, plumbing fixtures, ceiling systems and flooring. Demolition of portion of existing second floor framing and concrete slab.	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: FT Equities, General Partnership	
Address: 450 S Lone Rock Lane	
City/State/ZIP: Glide, OR 97443	
Phone: (949) 446-6000	Fax:
E-mail: jotis@uninational.com	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Daniel Scott Turner Design	
Contact name: Jose Guevara	
Address: 3730 Kirby Drive	
City/State/ZIP: Houston, TX 77098	
Phone: (713) 834-1104	Fax:
E-mail: jose@danielscottturner.com	
CONTRACTOR	
Business name: Swinerton	
Address: 342 SW Second Ave	
City/State/ZIP: Portland, OR 97204	
Phone: (503) 953-6811	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	N/A
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet

REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$220,000
Existing building area:	47,855 square feet
New building area:	47,855 square feet
Number of stories:	2
Type of construction:	1A
Occupancy groups:	
Existing:	B (Bank)
New:	I-4 (Day Care Facility)

**NOTICE**

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

BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	\$2315.11
Amount received	
Date received:	

Authorized signature: [Signature]	Date:
Print name: Jose Guevara	05/04/20

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

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: 04/28/2020	Permit No.: B2020-1482
Date Issued: 5/14/2020	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 9	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	04/27/20

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: 04/28/2020	Permit No.: B2020-1483
Date Issued: 5/6/2020	8/1
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 8	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:

Print name: Jeffrey Passadore	Date: 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: 04/28/2020	Permit No.: B2020-1481
Date Issued: 5/6/2020	
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 10	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:

Print name:	Date:
Jeffrey Passadore	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

# Building Permit Application



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

Permit No. B2018-2776  
 RECEIVED

OFFICE USE ONLY	
Date Received: NOV 5 2018	Permit No.: B2018-5196
Date Issued: 5/1/2020	Payment Type:
CITY OF BEAVERTON BUILDING DIVISION	

Reviewed 11/8/19

TYPE OF WORK	
<input checked="" type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master buldler	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 16118 SW Thrush Ln	
City/State/ZIP: Beaverton, OR	
Suite/bldg./apt. no.:	Project name: Russell
Cross street/directions to job site:	
Subdivision: Westmont	Lot no.: 60
Tax map/parcel no.:	
DESCRIPTION OF WORK	
NSFR	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: DR Horton, Inc	
Address: 4380 SW Macadam Ave Suite 200	
City/State/ZIP: Portland, OR 97239	
Phone: (503) 222-4151	Fax:
E-mail: plancheck@drhorton.com	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: DR Horton, Inc	
Contact name: Amanda Loveridge	
Address: SAME AS ABOVE	
City/State/ZIP:	
Phone:	Fax:
E-mail: plancheck@drhorton.com	
CONTRACTOR	
Business name: DR Horton, Inc	
Address: SAME AS ABOVE	
City/State/ZIP:	
Phone:	Fax:
CCB lic.: 130859	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	445 829.18
Number, of bedrooms:	5
Number of bathrooms:	2.75
Total number of floors:	2
New dwelling area:	3580 square feet
Garage/carport area:	918 square feet
Covered porch area:	83 square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate 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	1727.05
Amount received	
Date received:	

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

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

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