

# 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



*Revised*

RECEIVED

### OFFICE USE ONLY

Date Received: DEC 05 2018	Permit No.: B2018-5820
Date Issued: 6-9-20	By: <i>HW</i>
	Payment Type: <i>Check</i>

TYPE OF WORK	
<input checked="" type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input 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: 15905 SW Wren Lane	
City/State/ZIP: Beaverton, OR	
Suite/bldg./apt. no.:	Project name: Russell
Cross street/directions to job site:	
Subdivision: Westmont	Lot no.: 47
Tax map/parcel no.:	
DESCRIPTION OF WORK	
NSFR - 3726BL - 2Car	
<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	340,549.53
Number of bedrooms:	4
Number of bathrooms:	2.5
Total number of floors:	2
New dwelling area:	2661 square feet
Garage/carport area:	465 square feet
Covered porch area:	138 square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate 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	\$ 1405.12
Amount received	1405.12
Date received:	12-14-18

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: *Amanda Loveridge* Date: 12/27/18

Print name: Amanda Loveridge

Approved

# Building Permit Application

ROUTED

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



OFFICE USE ONLY	
Date Received: 1/14/2019	Permit No: B2019-065
Date Issued: 6-9-20	By: JUK
	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: 15904 SW Thrush Lane	
City/State/ZIP: Beaverton, OR	
Suite/bldg./apt. no.:	Project name: Russell
Cross street/directions to job site:	
Subdivision: Westmont	Lot no.: 72
Tax map/parcel no.:	
DESCRIPTION OF WORK	
NSFR - 3729AR - 2 Car Garage	
<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: <del>344,880</del> 315,769.09	
Number of bedrooms:	5
Number of bathrooms:	3
Total number of floors:	2
New dwelling area:	2506 square feet
Garage/carport area:	368 square feet
Covered porch area:	66 square feet
Deck area:	square feet
Other structure area:	square feet

REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate 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	1,328.47
Amount received	
Date received:	

Authorized signature:	
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  
 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: 06/04/2020	Permit No.: B2020-1896
Date Issued: 6-9-20	By: MK
CITY OF BEAVERTON BUILDING DIVISION	
Payment Type: VISA	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input 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: 955 NW 170th Dr.	
City/State/ZIP: Beaverton, OR 97006	
Suite/bldg./apt. no.:	Project name: Ryan
Cross street/directions to job site: NW 172nd Pl.	
Subdivision:	Lot no.: MEREWOOD, LOT 8
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Replacing old beam with glue lam. Pouring new post footings.	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Matt Ryan	
Address: 955 NW 170th Dr	
City/State/ZIP: Beaverton, OR 97006	
Phone: (971) 322-7015	Fax:
E-mail: matt89tristar@gmail.com	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: PacWest Restoration, Inc.	
Contact name: Paul Thoman	
Address: 12530 SW Hall Blvd	
City/State/ZIP: Tigard, OR 97223	
Phone: (971) 412-8139	Fax:
E-mail: paul@pacwestrestoration.com	
CONTRACTOR	
Business name: PacWest Restoration, Inc.	
Address: 12530 SW Hall Blvd	
City/State/ZIP: Tigard, OR 97223	
Phone: (503) 746-6545	Fax:
CCB lic.: 178343	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	5000
Number of bedrooms:	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	\$102.51
Amount received	
Date received:	

Authorized signature: *Nicole Washington*

Print name:	Date:
Nicole Washington	06/03/20

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



### Building Permit Application

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

RECEIVED OFFICE USE ONLY	
Date Received: 06/08/2020	Permit No.: B2020-1962
Date Issued: 6-9-20	By: <i>HK</i>
CITY OF BEAVERTON BUILDING DIVISION	
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: 15995 SW Walker Rd	
City/State/ZIP: Beaverton, OR 97006	
Suite/bldg./apt. no.:	Project name: Fred Meyer Walker Rd
Cross street/directions to job site: Cross street: NW 158th Ave	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Fire sprinkler modifications	
<input type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Kroger	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Delta Fire, Inc	
Contact name: Kyle Cartales	
Address: 14795 SW 72nd Ave	
City/State/ZIP: Portland, OR 97224	
Phone: (503) 620-4020	Fax:
E-mail: kylec@deltafire.com	
CONTRACTOR	
Business name: Delta Fire, Inc	
Address: 14795 SW 72nd Ave	
City/State/ZIP: Portland, OR 97224	
Phone: (503) 620-4020	Fax:
CCB lic.: 64174	

RECEIVED

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
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	2500.00
Existing building area:	184114 square feet
New building area:	184114 square feet
Number of stories:	1
Type of construction:	Fire Sprinkler Modifications
Occupancy groups:	OH 2
Existing:	OH 2
New:	OH 2
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	\$206.11
Amount received	
Date received:	

Authorized signature: *Kyle Cartales*

Print name: Kyle Cartales	Date: 06/05/20
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\* Fee methodology set by Tri-County Building Industry Service Board

### Building Permit Application

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



OFFICE USE ONLY	
Date Received: 06/05/2020	Permit No.: B2020-1951
Date Issued: 6-8-20	By: <i>JUL</i>
CITY OF BEAVERTON BUILDING DIVISION	
Payment Type: MC	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 1500 NW Bethany Blvd	
City/State/ZIP: Beaverton, Or 97006	
Suite/bldg./apt. no.: 285	Project name: Traffic Tech
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Relocate 4 sprinklers for tenant improvement	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Kidder Mathews	
Address: 101 Sw Main Street	
City/State/ZIP: Portland, Oregon 97204	
Phone: (503) 721-2729	Fax:
E-mail: kane.thomas@kidder.com	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: Fire Systems West	
Contact name: Jason Sampson	
Address: 600 Se Maritime Ave, Suite 300	
City/State/ZIP: Vancouver, Washington 98661	
Phone: (360) 693-9906	Fax:
E-mail: Jasons@firesystemswest.com	
CONTRACTOR	
Business name: Fire systems west	
Address: 600 Se Maritime Ave, Suite 300	
City/State/ZIP: Vancouver, Washington 98661	
Phone: (360) 693-9906	Fax:
CCB lic.: 49732	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate 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	1500.00
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	B
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application:	CITY OF BEAVERTON
Amount received:	APPROVED PLANS
Date received:	PERMIT # B2020-1951
APPROVED BY: <u>LA</u>	

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

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

Authorized signature: <i>Jason Sampson</i>	Date: 06/05/20
Print name:	



# Building Permit Application

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

OFFICE USE ONLY	
Date Received: 4/22/2020	Permit No.: B2020-1424
Date Issued: 6-8-20	By: <i>[Signature]</i>
	Payment Type: <i>check</i>

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 12685 SW 27th St	
City/State/ZIP: Beaverton, Oregon 97008	
Suite/bldg./apt. no.:	Project name:
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Adding additional living space	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Farzad Moradian	
Address: 16620 SW red rock way	
City/State/ZIP: Beaverton, Oregon 97007	
Phone: (503) 805-1111	Fax:
E-mail: techmotorz@yahoo.com	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Farzad Moradian	
Contact name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
CONTRACTOR	
Business name: Farzad Moradian	
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	133603.86
Number of bedrooms:	2
Number of bathrooms:	2
Total number of floors:	2
New dwelling area:	1091 square feet
Garage/carport area:	0 square feet
Covered porch area:	0 square feet
Deck area:	0 square feet
Other structure area:	square feet

REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate 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	1009.47
Amount received	
Date received:	

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

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

Form B70-1001

Authorized signature: <i>[Signature]</i>	Date: 4.17.2020
Print name: Farzad Moradian	



# 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: <u>04/16/2020</u>	Permit No.: B2020-1367
Date Issued: <u>6-8-20</u>	By: <u>MK</u>
CITY OF BEAVERTON	
BUILDING DIVISION	
REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Payment Type: <u>Check</u>	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: <u>9580 SW Diamond view Way</u>	
City/State/ZIP: <u>Beaverton OR 97007</u>	
Suite/bldg./apt. no.:	Project name:
Cross street/directions to job site: <u>Red Rock Way</u>	
Subdivision: <u>Carson Crest II</u>	Lot no.: <u>56</u>
Tax map/parcel no.: <u>1s130dd07800</u>	
DESCRIPTION OF WORK	
<u>Garage/workshop and living space addition</u>	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: <u>Linda Lim</u>	
Address: <u>9580 SW Diamond View Way</u>	
City/State/ZIP: <u>Beaverton, OR 97007</u>	
Phone: <u>(415) 425-4102</u>	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name:	
Contact name: <u>Farzad Moradain</u>	
Address: <u>6107 SW Murray Blvd #454</u>	
City/State/ZIP: <u>Beaverton, OR 97008</u>	
Phone: <u>(503) 805-1111</u>	Fax:
E-mail: <u>techmotorz@yahoo.com</u>	
CONTRACTOR	
Business name: <u>self</u>	
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	\$139,315.06 <del>-\$100000</del>
Number of bedrooms:	1
Number of bathrooms:	1
Total number of floors:	2
New dwelling area:	750 square feet
Garage/carport area:	922 square feet
Covered porch area:	0 square feet
Deck area:	121 square feet
Other structure area:	square feet

REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate 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	\$1,037.36
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  
 12726 SW Milliken Way / PO Box 4768  
 Beaverton, OR 97076  
 Phone: (503) 626-2403; Fax: (503) 626-2600  
 www.BeavertonOregon.gov/bib

RECEIVED

OFFICE USE ONLY	
Date Received: 05/28/2020	Permit No.: B2020-1828
Date Issued: 5/28/2020	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:
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 INFORMATION AND PROJECT	
Job site address: 8285 SW Nimbus	
City/State/ZIP: Beaverton, OR 97005	
Blk/bldg./apt. no.:	Project name: RTU #41 Struct. Framing
Cross street/directions to job site: SW Hall to SW Nimbus	
Subdivision:	Lot no.:
Tax map/parcel no.:	
Structural framing for new RTU.	
APPLICANT	
Name: Harsch	
Address:	
City/State/ZIP: 5036437552	
Phone:	Fax:
E-mail: llsar@harsch.com	
CONTRACTOR	
Business name: Pacific Crest Structures	
Contact name: Steve Close	
Address: 17760 SW Upper Boones Ferry #190	
City/State/ZIP: Durham, OR 97224	
Phone: (503) 968-8949	Fax:
E-mail: stevec@pacificcrestweb.com	
OWNER	
Business name: Same	
Address:	
City/State/ZIP:	
Phone: (503) 530-6787	Fax:
CCB I# 66915	

Permit fees* are based on the value of the work performed. Indicate 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
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$900.00
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be 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 refer to fee schedule	
Fee due upon application	
Amount received	
Date received:	

Authorized signature: [Signature]	Date:
Print name: Steve Close	05/27/2020

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

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

Form B70-1001 REV 11/19



### Building Permit Application

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

OFFICE USE ONLY	
Date Received: 05/29/2020	Permit No.: B2020-1844
Date Issued: <i>later than</i>	<i>for</i>
CITY OF BEAVERTON BUILDING DIVISION	
Payment Type:	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master buidler	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 9838 SW Dapplegrey Loop	
City/State/ZIP: Beaverton, OR 97008	
Suite/bldg./apt. no.:	Project name:
Cross street/directions to job site: SW Dapplegrey Loop off SW Old Wier Rd	
Subdivision: SORRENTO RIDGE NO.7	Lot no.: Lot:34 9
Tax map/parcel no.: 1S128CC06800/R1462535	
DESCRIPTION OF WORK	
Addition of cantilevered firebox to south side of existing house	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Tom Tomovick	
Address: 9838 SW Dapplegrey Loop	
City/State/ZIP: Beaverton, OR 97008	
Phone: (503) 380-4710	Fax:
E-mail: tctomovick@yahoo.com	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: Streitberger Home Design	
Contact name: Scott Streitberger	
Address: 113 W 7th St., Suite #205	
City/State/ZIP: Vancouver, WA 98660	
Phone: (503) 936-7779	Fax:
E-mail: scott@streitbergerhomedesign.com	
CONTRACTOR	
Business name: Brentwood Consulting & Design	
Address: 7491 SE Overland St.	
City/State/ZIP: Milwaukie, OR 97222	
Phone: (503) 927-3489	Fax:
CCB lic.: 229055	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed, indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$1755
Number of bedrooms:	3
Number of bathrooms:	3
Total number of floors:	2
New dwelling area:	0 square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	12 square feet

REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed, indicate 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	\$76.24
Amount received	
Date received:	

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

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

Form B70-1001 REV 11/19

Authorized signature:	Date:
Print name: Scott Streitberger	27 May 20



### Building Permit Application

Community Development Department, Building Division  
 City of Beaverton  
 12725 SW Milliken Way / PO Box 4756  
 Beaverton, OR 97076  
 Phone: (503) 528-2403; Fax: (503) 528-2650  
 www.BeavertonOregon.gov/blb

OFFICE USE ONLY	
Date Received: 05/28/2020	Permit No.: B2020-1829
Date Issued: 6/8/2020	By: [Signature]
CITY OF BEAVERTON	
Payment Type:	

TYPE OF WORKS	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
APPLICABLE 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/LOCATION	
Job site address: 8285 SW Nimbus	
City/State/ZIP: Beaverton, OR 97005	
Suite/bldg./apt. no.:	Project name: RTU #20 Structural Frame
Cross street/directions to job site: SW Hall to SW Nimbus	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Structural framing for new RTU.	
PROPERTY OWNER	
Name: Harsch	
Address:	
City/State/ZIP:	
Phone: (503) 643-7552	Fax:
E-mail: llsar@harsch.com	
CONTRACTOR	
Business name: Pacific Crest Structures	
Contact name: Steve Close	
Address: 17750 SW Upper Boones Ferry #190	
City/State/ZIP: Durham, OR 97224	
Phone: (503) 968-8949	Fax:
E-mail: stevec@pacificcrestweb.com	
CONTACT PERSON	
Business name: Same	
Address:	
City/State/ZIP:	
Phone: (503) 530-6787	Fax:
OOB No.: 66915	

BUILDING DIVISION - SUBMITTING PERMITTING	
Permit fees* are based on the value of the work performed. Indicate 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/airport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED BY AN OREGON PROFESSIONAL ENGINEER	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$900.00
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTES	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING DIVISION - RECEIVED	
Please refer to fee schedule	
Fees due upon application	\$51.46
Amount received	
Date received:	

Authorized signature: [Signature]	Date: 05/27/2020
Print name: Steve Close	

This permit application expires if a 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: 06/05/2020	Permit No.: B2020-1941
Date Issued: 6-5-20	By: <i>[Signature]</i>
CITY OF BEAVERTON BUILDING DIVISION	
Payment Type: MC	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input 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: 15127 SW Ivy Glenn Ct	
City/State/ZIP: Beaverton, OR 97007	
Suite/bldg./apt. no.:	Project name: KERNS
Cross street/directions to job site: NE of SW 152nd Ave and SW Ivy Glenn Ct.	
Subdivision:	Lot no.:
Tax map/parcel no.: 1S120AB06600	
DESCRIPTION OF WORK	
Rooftop expansion (3.75 DC kW) of existing photovoltaic system (8.03 DC kW) that includes battery back up.	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Kathleen Kerns	
Address: 15127 SW Ivy Glenn Ct	
City/State/ZIP: Beaverton, OR 97007	
Phone: (415) 806-3579	Fax:
E-mail: kathleenkerns@gmail.com	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: A & R SOLAR SPC	
Contact name: Lara Worcester	
Address: 6800 NE 59th Pl	
City/State/ZIP: Portland, OR 97218	
Phone: (802) 857-8932	Fax:
E-mail: permits@a-rsolar.com	
CONTRACTOR	
Business name: A&R SOLAR SPC	
Address: 6800 NE 59th Pl	
City/State/ZIP: Portland, OR 97218	
Phone: (503) 420-8680	Fax:
CCB lic.: 207641	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$7,100.00
Number of bedrooms:	
Number of bathrooms:	
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:	186 square feet new array
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate 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	
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>Lara Worcester</i>	Date: 6/4/2020
Print name: Lara Worcester	



### 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: 06/02/2020	Permit No.: B2020-1867
Date Issued: 06/11/2020	By: [Signature]
CITY OF BEAVERTON BUILDING DIVISION	
Payment Type:	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input checked="" type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 9375 SW Beaverton-Hillsdale Hwy	
City/State/ZIP: Beaverton OR 97005	
Suite/bldg./apt. no.:	Project name: Chipotle-Raleigh Hills
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Demo work interior and exterior of non-structural elements	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input checked="" type="checkbox"/> TENANT
Name: Chipotle Mexican Grill, Inc / Scott Brown	
Address: PO Box 182566	
City/State/ZIP: Columbus OH 43218-2566	
Phone: 614-318-7459	Fax:
E-mail: scott.brown@chipotle.com	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: Western Construction Services	
Contact name: Sue Tibbs	
Address: 2300 E Third Lp, Suite 110	
City/State/ZIP: Vancouver WA 98661	
Phone: 360-953-8508	Fax: 360-694-7818
E-mail: stibbs@westernconstruction.com	
CONTRACTOR	
Business name: Western Construction Services	
Address: 2300 E Third Lp, Suite 110	
City/State/ZIP: Vancouver WA 98661	
Phone: 360-699-5317	Fax: 360-694-7818
CCB lic.: 63717	

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

REQUIRED DATA - COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$ 20,000-
Existing building area:	4026 square feet
New building area:	4026 square feet
Number of stories:	1
Type of construction:	V-B
Occupancy groups:	A-2
Existing:	A-2
New:	A-2

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

BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	\$478.04
Amount received	
Date received:	

Authorized signature: [Signature]	Date:
Print name: Sue Tibbs	6/11/2020

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

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

Form B70-1001 REV 11/19



## Building Permit Application

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

### OFFICE USE ONLY

Date Received: 05/15/2020	Permit No.: B2020-1682
Date Issued: 6/9/2020	BW
	Payment Type:

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input 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: 8705 Sw Thoroughbred Pl	
City/State/ZIP: Beaverton Or 97008	
Suite/bldg./apt. no.:	Project name:
Cross street/directions to job site: Tapadera	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Replace existing deck	
<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: Walter Bros Construction dba Pdx deck and fence	
Contact name: Jeff Walter	
Address: 20006 Homestead Dr	
City/State/ZIP: Oregon City Or 97045	
Phone: 503-332-5076	Fax:
E-mail: Pdxdeckandfence@comcast.net	
CONTRACTOR	
Business name: Walter Bros Construction dba Pdx deck and fence	
Address: 20006 Homestead Dr	
City/State/ZIP: Oregon City Or 97045	
Phone: 503-332-5076	Fax:
CCB lic.: 178555	

Authorized  
signature:

Print name:	Date:
Jeff Walter	May 14 2020

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	14,000
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:	488 square feet
Other structure area:	square feet

REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate 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	\$220.72
Amount received	
Date received:	

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

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



## Building Permit Application

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

### OFFICE USE ONLY

Date Received: 4/8/2020	Permit No.: B2020-1299
Date Issued: 6/9/2020	By: <i>[Signature]</i>
Payment Type:	

TYPE OF WORK	
<input checked="" type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input 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: 2450 SW 75th Terrace	
City/State/ZIP: Beaverton, OR	
Suite/bldg./apt. no.:	Project name: West Sylvan Estates
Cross street/directions to job site: SW Canyon Lane to SW 75th Terrace	
Subdivision: West Sylvan Estates	
Lot no.: 5	
Tax map/parcel no.:	
DESCRIPTION OF WORK	
New SFR	
<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: 503-922-9055	Fax:
CCB lic.: 218005	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	441,585.63
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:	

Authorized signature: *Chris Boerste*

Print name:	Date:
Chris Boerste	4/8/2020

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: 6-3-20	Permit No.: B2020-1872
Date Issued: 6/5/2020	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: 11100 SW Park Way	
City/State/ZIP: Portland, OR 97225	
Suite/bldg./apt. no.:	Project name: Cedar Park Sump
Cross street/directions to job site: SW Berkshire & Cedar Creek Blvd	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Power to (3) new sump pumps. (1) Fire Tamper to vault that water line feeds building fire sprinkler.	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Beaverton School District	
Address: 2180 SW 170th Ave	
City/State/ZIP: Beaverton, OR 97003	
Phone: (503) 793-0278	Fax: (503) 356-4491
E-mail: sandy_galati@beaverton.k12.or.us	
<input type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: Tice Electric	
Contact name: Kevin Shannon	
Address: 5405 N Lagoon Ave	
City/State/ZIP: Portland, OR 97217	
Phone: (503) 341-7317	Fax:
E-mail: kevins@ticeelectric.com	
CONTRACTOR	
Business name: Tice Electric	
Address: 5405 N Lagoon Ave	
City/State/ZIP: Portland, OR 97217	
Phone: (503) 233-8801	Fax:
CCB lic.: 166	

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

REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$4,000.00
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	

**NOTICE**

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

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

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

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

Authorized signature: [Signature]	39405
Print name: Bob Richardson	Date: 06/02/20



### 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:	<b>RECEIVED</b>	Permit No.: B2019-5205
Date Issued:	12/19/2019	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:	6125 SW Hall Blvd
City/State/ZIP:	Beaverton, Oregon 97005
Suite/bldg./apt. no.:	Project name: BPSA Plaza & Entry Way
Cross street/directions to job site: SW Allen and SW Hall	
Subdivision:	Lot no.:
Tax map/parcel no.: 1S121AA00100	
DESCRIPTION OF WORK	
New plaza adjacent to the Beaverton Public Safety Center. Plaza scope includes new artwork, shade structures, and electrical.	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: City of Beaverton	
Address: PO Box 4755	
City/State/ZIP: Beaverton, Oregon 97076	
Phone: (503) 526-2222	Fax:
E-mail: cpetros@beaverton.gov	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: FFA Architecture and Interiors	
Contact name: John Pete	
Address: 520 SW Yamhill St. Suite 900	
City/State/ZIP: Portland, Oregon, 97204	
Phone: (503) 327-0327	Fax:
E-mail: jpete@ffadesign.com	
CONTRACTOR	
Business name: Skanska USA Building, INC	
Address: 222 SW Columbia St, #300	
City/State/ZIP: Portland, OR 97204	
Phone: (503) 367-1855	Fax:
CCB lic.: 153980	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate 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	\$1,100,000 (entire project)
Existing building area:	1,500 square feet
New building area:	0 square feet
Number of stories:	1
Type of construction:	VB
Occupancy groups:	
Existing:	B
New:	NA
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	\$4,931.74
Amount received	
Date received:	

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

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

Authorized signature:	[Signature]
Print name:	John Pete
Date:	12/17/19

# Building Permit Application



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

OFFICE USE ONLY	
Date Received:	Permit No. 52028-2943
Date Issued: 6/4/2008	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 checked="" type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 11100 SW Parkway, Portland Oregon	
City/State/ZIP: Portlan / OR / 97225	
Suite/bldg./apt. no.:	Project name: Cedar Park Middle School
Cross street/directions to job site: SW Berkshire Street between SW Mayfield Avenue and SW 111th Place	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Remove existing backflow assemblies to fire line and replace with new backflow assemblies meeting TWWD current standards.	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Beaverton School District	
Address: 16550 SW Merlo Road	
City/State/ZIP: Beaverton / OR / 97003	
Phone: (503) 793-0748	Fax:
E-mail: Gayle_Ordaway@Beaverton.K12.OR.us	
<input type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name:	
Contact name: Anthony Ordway	
Address: 16550 SW Merlo Road	
City/State/ZIP: Beaverton / OR / 97003	
Phone: (503) 793-0748	Fax:
E-mail: Gayle_Ordaway@Beaverton.K12.OR.us	
CONTRACTOR	
Business name: Trench Line Excavation Inc	
Address: 33871 SE Eastgate Circle	
City/State/ZIP: Corvallis, OR 97333	
Phone: 541.752.0481	Fax:
CCB lic.:	

Authorized signature: [Signature]	Date: 7/3/2018
Print name: G. Anthony Ordway	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate 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 0
Garage/carport area:	square feet 0
Covered porch area:	square feet 0
Deck area:	square feet 0
Other structure area:	square feet 0

REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation \$45,835.00	
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	\$1183.56
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

# Building Permit Application <sup>Revised</sup>

342513R

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



B2018-25013

OFFICE USE ONLY	
Date Received: 10-25-18	Permit No.: B2018-4974
Date Issued: 12/1/2018	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 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: 16102 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.: 61
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	\$429,677.81
Number of bedrooms:	4
Number of bathrooms:	3
Total number of floors:	2
New dwelling area:	3431 square feet
Garage/carport area:	467 square feet
Covered porch area:	44 square feet
Deck area:	square feet
Other structure area:	square feet

REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate 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	\$1,678.00
Amount received	
Date received:	

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

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

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

Rounded 10/29/18

# Building Permit Application

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



OFFICE USE ONLY	
Date Received: 05/12/2020	Permit No.: B2020-1648
Date Issued: 05/12/2020	By: <i>[Signature]</i>
CITY OF BEAVERTON	
Payment Type:	

TYPE OF WORK	
<input checked="" type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input 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: 12385 Allen Blvd.	
City/State/ZIP: Beaverton, OR 97007	
Suite/bldg./apt. no.:	Project name: The Allen Building
Cross street/directions to job site: SW Hall Blvd. and Allen Blvd.	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Installation of wire mesh plate mounted to exterior of building for sign attachment	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: The Allen Building	
Address: 12385 Allen Blvd.	
City/State/ZIP: Beaverton, OR 97007	
Phone:	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: ES&A Sign and Awning Co.	
Contact name: Michelle Morris	
Address: 89975 Prairie Rd.	
City/State/ZIP: Eugene, OR 97402	
Phone: (971) 209-9161	Fax: (541) 485-5813
E-mail: mmorris@esesigns.com	
CONTRACTOR	
Business name: ES&A Sign and Awning Co.	
Address: 89975 Prairie Rd.	
City/State/ZIP: Eugene, OR 97402	
Phone: (971) 209-9161	Fax: (541) 485-5813
CCB lic.: 163470	

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	\$29K
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	\$383.47
Amount received	
Date received:	

Digitally signed by: Michelle Morris  
 DN: CN = Michelle Morris email = mmorris@esesigns.com C = US  
 Date: 2020.05.12 10:32:38 -0800'

Authorized signature: <b>Michelle Morris</b>	Date: 05/12/20
Print name: Michelle Morris	Date: 05/12/20

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 Maskan Way / PO Box 4765  
 Beaverton, OR 97076  
 Phone: (503) 626-2403; Fax: (503) 626-2660  
 www.BeavertonOregon.gov/bld

<b>RECEIVED</b>	
<b>OFFICE USE ONLY</b>	
Date Received: 05/29/2020	Permit No.: B2020-1842
Date Issued: 6/2/2020	Permit Type:
<b>CITY OF BEAVERTON</b>	
<b>BUILDING DIVISION</b>	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/allocation/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: 505 NW PACIFIC GROVE DR	
City/State/ZIP: BEAVERTON OR 97006	
Suite/bldg. apt. no.:	Project name: TIM LANE
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
REMOVE INTERIOR WALLS AND REPLACE WITH BEAMS AND STRUCTURAL SUPPORTS	
<input type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
<input type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name:	
Contact name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
CONTRACTOR	
Business name: Cornerstone Builders INC	
Address: 7721 SW Cirrus Drive, Bldg 30-C	
City/State/ZIP: BEAVERTON OR 97008	
Phone: 503-671-9538	Fax:
CCB No.: 170-654	
Authorized signature: <i>[Signature]</i>	
Print name: Bre Reynolds	Date:

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	2000
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	\$80.58
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>5/21/2020</b>	Permit No.: <b>B2020-1745</b>
Date Issued: <b>6/3/2020</b>	Payment Type:

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input checked="" type="checkbox"/> Other: fire sprinkler
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 11350 SW Canyon Rd.	
City/State/ZIP: Beaverton, OR 97005	
Suite/bldg./apt. no.: 203	Project name: CYTI Physical Therapy T1
Cross street/directions to job site: <sup>2nd Floor</sup> <b>2nd Floor</b>	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Add 20 new sprinkler head drops off of existing wet system to cover new floor plan.	
<input type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: AFP Systems	
Contact name: Breanna Ripple	
Address: 19435 SW 129th Ave.	
City/State/ZIP: Tualatin, OR 97062	
Phone: (503) 692-9284	Fax: (503) 692-1186
E-mail: breanna@afpsys.com	
CONTRACTOR	
Business name: AFP Systems	
Address: 19435 SW 129th Ave.	
City/State/ZIP: Tualatin, OR 97062	
Phone: (503) 692-9284	Fax: (503) 692-1186
CCB lic.: 67534	
Authorized signature:	Date:
Print name: Steve Frost	Date: 05/20/20

REQUIRED DATA: 1- AND 2-FAMILY DWELLING		
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.		
Valuation		
Number of bedrooms:		
Number of bathrooms:		
Total number of floors:		
New dwelling area:	square feet	
Garage/carport area:	square feet	
Covered porch area:	square feet	
Deck area:	square feet	
Other structure area:	square feet	
REQUIRED DATA: COMMERCIAL-USE CHECKLIST		
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.		
Valuation	\$4,700,000	
Existing building area:	square feet	2,477 TI
New building area:	square feet	no new
Number of stories:		2
Type of construction:		VB
Occupancy groups:		B
Existing:		
New:		
NOTICE		
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:		
BUILDING PERMIT FEES*		
<i>Please refer to fee schedule</i>		
Fees due upon application	<b>258.64</b>	
Amount received		
Date received:		

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

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

Approved



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

OFFICE USE ONLY
Date Received: 12-24-2019 Permit No.: B2019-5298
Date Issued: 12/23/2019
Payment Type:

TYPE OF WORK
CATEGORY OF CONSTRUCTION
JOB SITE INFORMATION AND LOCATION
DESCRIPTION OF WORK
PROPERTY OWNER
CONTRACTOR

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

Authorized signature: Allison May
Print name: Allison May
Date: 12/23/19

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
rev 07/13



### Building Permit Application

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

OFFICE USE ONLY	
Date Received: 03/27/2020	Permit No.: B2020-1149
Date Issued: 4/2/2020	BY: [Signature]
CITY OF BEAVERTON BUILDING DIVISION	
Payment Type:	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 9970 SW 160th Ave	
City/State/ZIP: Beaverton, OR 97007	
Suite/bldg./apt. no.: N/A	Project name: Upstairs Framing
Cross street/directions to job site: SW 160th Ave and SW Weir Rd	
Subdivision: Bishop's Ridge	Lot no.: 8
Tax map/parcel no.: 1S129CC01300	
DESCRIPTION OF WORK	
New interior wall framing to relocate 2 existing bathrooms and 3 bedrooms. Addition of attic ladder (modification to trusses to accomodate).	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Yong Samander	
Address: 9970 SW 160th Ave	
City/State/ZIP: Beaverton, OR 97007	
Phone: (503) 459-1658	Fax:
E-mail: yong712@gmail.com	
<input type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: N/A	
Contact name: Yong Samander (see owner information)	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
CONTRACTOR	
Business name: N/A	
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	8,000
Number of bedrooms:	3
Number of bathrooms:	2
Total number of floors:	1
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	\$150.45
Amount received	
Date received:	

Authorized signature:	Date:
Yong Samander	03/25/20
Print name:	Date:
Yong Samander	03/25/20

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: 5-27-2020	Permit No.: B2020-1811
Date Issued: 6/2/2020	<i>[Signature]</i>
Payment Type:	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input 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: 7905 SW 135th Ave	
City/State/ZIP: Beaverton, OR 97008	
Suite/bldg./apt. no.:	Project name: Garage Loft
Cross street/directions to job site: 135th & SW Barberry Drive	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Framing for new garage storage space.	
<input type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: SCOTT & ERIN FORTMAN	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Buswell's Home Remodeling LLC	
Contact name: Rodney Buswell	
Address: 12870 SW Tarpan Drive	
City/State/ZIP: Beaverton, OR 97008	
Phone: (503) 707-9433	Fax:
E-mail: buswellshomeremodeling@gmail.com	
CONTRACTOR	
Business name: Buswell's Home Remodeling LLC	
Address: 12870 SW Tarpan Drive	
City/State/ZIP: Beaverton, Or 97008	
Phone: (503) 707-9433	Fax:
CCB lic.: 227334	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	5000
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	102.51
Amount received	287.02
Date received:	05/29/20

Authorized signature:	Date:
Print name: Rodney Buswell	05/27/20

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  
 City of Beaverton  
 12725 SW Millikan Way / PO Box 4756  
 Beaverton, OR 97076  
 Phone: (503) 526-2403; Fax: (503) 526-2550  
 www.BeavertonOregon.gov/bib

OFFICE USE ONLY	
Date Received: 6/26/2020	Permit No.: B2020-2192
Date Issued: 6-30-20	By: <i>[Signature]</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: 14480 SW Arabian Dr	
City/State/ZIP: Beaverton OR 97070	
Suite/bldg./apt. no.:	Project name: Parsons
Cross street/directions to job site: saddle dr	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Kitchen remodel, add undercabinet lighting, remove load bearing wall and install new beam, add 2-3 plugs in kitchen. bathroom remodel, new fiberglass shower stall, toilet, vanities	
<input type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
<input type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name:	
Contact name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
CONTRACTOR	
Business name: REF Construction	
Address: 17825 SE Emi ST	
City/State/ZIP: Damascus OR 97089	
Phone: (503) 756-4680	Fax:
CCB lic.: 201017	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	20000
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
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate 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	212.13
Amount received	
Date received:	

Authorized signature: *[Signature]*

Print name: Ryan Fawcett Date: 6-26-20

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



### 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) 626-2550  
 www.BeavertonOregon.gov/blb

OFFICE USE ONLY	
Date Received: 06/05/2020	Permit No.: B2020-1934
Date issued: 6-30-2020	By: DJ
CITY OF BEAVERTON BUILDING DIVISION	
Payment Type:	

TYPE OF WORK	
<input checked="" type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input checked="" type="checkbox"/> Other: Hotel
JOB SITE INFORMATION AND LOCATION	
Job site address: 15705 NW Blueridge Drive	
City/State/ZIP: Beaverton, OR 97006	
Suite/bldg./apt. no.:	Project name: Marriott by AC
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: Battleground, 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: Battleground, 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:	

This permit application expires if a 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: Scott Erickson	05/08/20

# 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: 04/07/2020	Permit No.: B2020-1238
Date Issued: 04/20/2020	
	Payment Type:

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input 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	
PV Solar - 124.26 kWDC system	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Beaverton Urban Redevelopment Agency, Att: Tyler Ryerson	
Address: 12725 SW Millikan Way, PO Box 4755	
City/State/ZIP: Beaverton, OR 97076	
Phone: (503) 526-2520	Fax: (503) 526-2550
E-mail: tryerson@beavertonoregon.gov	
<input type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Rosendin Electric	
Contact name: Brett Henes	
Address:	
City/State/ZIP:	
Phone: (503) 446-0373	Fax:
E-mail: bhenes@rosendin.com	
CONTRACTOR	
Business name: Same as above	
Address:	
City/State/ZIP:	
Phone:	Fax:
CCB Lic: 103939	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate 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:	\$317,124
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	\$3,063.44
Amount received	
Date received:	

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

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

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: 06/19/2020	Permit No.: B2020-2125
Date Issued: 6/29/2020	Payment Type:
CITY OF BEAVERTON BUILDING DIVISION	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 14780 SW Osprey Drive	
City/State/ZIP: Beaverton, OR 97007	
Suite/bldg./apt. no.: 285	Project name: Murrayhill Ct #285 LL Wrk
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Divide 2 offices into 4 new offices. New doors will meet ADA clearances. Remvng exist. rption glass. Ceiling grid to remain. Lights & grilles only to be relocated as necssry to avoid conflict w/new walls. Firing & base demo'd throughout space w/new floor finishes & base installed. No Ext. wrk.	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Regency Centers	
Address: 5335 SW Meadows, Ste 295	
City/State/ZIP: Lake Oswego, OR 97035	
Phone: (503) 603-4703	Fax:
E-mail: ashleygarron@regencycenters.com	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: Western Construction Services	
Contact name: Pam Deegan	
Address: 2300 E. 3rd Loop, Ste. 110	
City/State/ZIP: Vancouver, WA 98661	
Phone: (360) 953-8517	Fax: (361) 694-7818
E-mail: pam@westernconstruction.com	
CONTRACTOR	
Business name: Western Construction Services	
Address: 2300 E. 3rd Loop, Ste. 110	
City/State/ZIP: Vancouver, WA 98661	
Phone: (360) 953-8517	Fax: (360) 694-7818
CCB lic.: 63717	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$50,000
Existing building area:	1752 square feet
New building area:	1752 square feet
Number of stories:	1
Type of construction:	V-B (Assumed)
Occupancy groups:	
Existing:	B
New:	B (No Change)
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	\$922.69
Amount received	
Date received:	

Authorized signature:	Date:
Print name: Pamela A. Deegan	06/18/20

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: 06/15/2020	Permit No.: B2020-2038
Date Issued: 6-29-20	By: JMR
CITY OF BEAVERTON BUILDING DIVISION	
Payment Type: Visa	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input checked="" type="checkbox"/> Other: Deck
JOB SITE INFORMATION AND LOCATION	
Job site address: 10190 SW Shearwater Loop	
City/State/ZIP: Beaverton, OR 97007	
Suite/bldg./apt. no.:	Project name:
Cross street/directions to job site: Murray Blvd & Weir Rd; West on Weir Rd to 160th Ave; South on 160th Ave to Shearwater Loop (1st left), Continue on Shearwater Loop to 10190	
Subdivision: Murrayhill	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Deconstruction and removal of old deck and construction of new deck.	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Daniel Ryan	
Address: 10190 SW Shearwater Loop	
City/State/ZIP: Beaverton, OR 97007	
Phone: (503) 984-4128	Fax:
E-mail: dryan.az@gmail.com	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name:	
Contact name: Same	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
CONTRACTOR	
Business name: n/a	
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	8,734.00 17,326.76
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:	358 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	\$267.56
Amount received	
Date received:	

Authorized signature:	Date:
Print name: Daniel Ryan	06/15/20

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



# Building Permit Application

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

OFFICE USE ONLY	
Date Received: 6/25/2020	Permit No.: B2020-2184
Date Issued: 6-29-20	By: MK
	Payment Type: AMX

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input checked="" type="checkbox"/> Other: Rooftop Solar Array
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master buldler	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 12935 Southwest Morgan Court	
City/State/ZIP: Beaverton, Oregon 97008	
Suite/bldg./apt. no.:	Project name: Bachinger
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
11.715 kW Solar Array to be installed on the roof of the home.	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Hans Peter Bachinger	
Address: 12935 Southwest Morgan Court	
City/State/ZIP: Beaverton, Oregon 97008	
Phone: (503) 626-9749	Fax:
E-mail: hanspeter.bachinger@gmail.com	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: Telt Ventures LLC	
Contact name: Hank Prentice	
Address: 2391 S 1560 W C	
City/State/ZIP: Woods Cross, UT 84087	
Phone: (971) 285-5645	Fax:
E-mail: hank.prentice@1solar.com	
CONTRACTOR	
Business name: Telt Ventures LLC	
Address: 2391 S 1560 W C	
City/State/ZIP: Woods Cross, UT 84087	
Phone: (971) 285-5645	Fax:
CCB lic.: 231057	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$23,430
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: *Hank Prentice*

Print name: Hank Prentice	Date: 06/25/20
---------------------------	----------------

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: 06/10/2020	Permit No.: B2020-2000
Date Issued: 6-29-20	By: <i>me</i>
	Payment Type: <i>AMX</i>

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other: Pallet Rack Installation
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: 5825 SW Artic Dr	
City/State/ZIP: Beaverton/OR/97005	
Suite/bldg./apt. no.:	Project name: Earl & Brown
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
<input type="checkbox"/> PROPERTY OWNER	<input checked="" type="checkbox"/> TENANT
Name: Earl & Brown dba Virtual Supply	
Address: same as above	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: Total Handling Solutions	
Contact name: Rich Kelly	
Address: 11901 Ne 56th Crl	
City/State/ZIP: Vancouver, WA 98682	
Phone: (503) 481-6468	Fax:
E-mail: richk@thsolutions.net	
CONTRACTOR	
Business name: Same as applicant	
Address:	
City/State/ZIP:	
Phone:	Fax:
CCB lic.: 218-961	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate 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	34130
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:	
This is an add on pallet rack installation to permit #B2019-3353	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	713.62
Amount received	
Date received:	

Authorized signature:

Print name:	Date:
<i>Richard C Kelly</i>	06/09/20

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



# Building Permit Application

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

OFFICE USE ONLY	
Date Received: 5/19/2020	Permit No.: B2020-1707
Date Issued: 6/26/2020	BA
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: 5370 SW Franklin Ave	
City/State/ZIP: Beaverton, Or. 97005	
Suite/bldg./apt. no.:	Project name: Franklin Ave Addition
Cross street/directions to job site: Between 8th and 9th on Franklin	
Subdivision:	Lot no.:
Tax map/parcel no.: 1S115CB01500	
DESCRIPTION OF WORK	
Adding master bedroom and bathroom with covered patio.	
<input type="checkbox"/> PROPERTY OWNER	<input checked="" type="checkbox"/> TENANT
Name: Aaron Arnold	
Address: 5370 SW Franklin Ave	
City/State/ZIP: Beaverton, Or. 97005	
Phone: (971) 330-0951	Fax:
E-mail: aaron.a@fulcrumpdx.com	
<input type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name:	
Contact name: Aaron Arnold	
Address: 5370 SW Franklin Ave	
City/State/ZIP: Beaverton, Or. 97005	
Phone: (971) 330-0951	Fax:
E-mail: aaron.a@fulcrumpdx.com	
CONTRACTOR	
Business name: Fulcrum Construction and Building Services	
Address: PO Box 706	
City/State/ZIP: Beaverton, Or. 97075	
Phone: (503) 644-6351	Fax:
CCB lic.: 186679	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	60000
Number of bedrooms:	1
Number of bathrooms:	1
Total number of floors:	1
New dwelling area:	432 square feet
Garage/carport area:	0 square feet
Covered porch area:	180 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	619.60
Amount received	
Date received:	

Authorized signature:	
Print name:	Date:
Aaron Arnold	05/18/20

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) 526-2560  
 www.BeavertonOregon.gov/bib

RECEIVED

OFFICE USE ONLY	
Date Received: 06/05/2020	Permit No.: B2020-1955
Date issued: 6/23/2020	Payment Type:
CITY OF BEAVERTON BUILDING DIVISION	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input checked="" type="checkbox"/> Demolition <i>SWIMMING POOL</i>
<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: Existing Multi-Family
JOB SITE INFORMATION AND LOCATION	
Job site address: 4150 SW Hocken	
City/State/ZIP: Beaverton, OR 97005	
Suite/bldg./apt. no.:	Project name: Timberwood Apartments
Cross street/directions to job site: SW Hocken Between SW Henry and SW Millikan Way	
Subdivision:	Lot no.:
Tax map/parcel no.: 1S116AB00300	
DESCRIPTION OF WORK	
demolition of swimming pool. Equipment removed via previous permit.	
PROPERTY OWNER	
Name: TW-JP, LLC	
Address: PO Box 2968	
City/State/ZIP: Portland, OR 97209	
Phone: (503) 450-0233	Fax: (503) 450-0241
E-mail:	
APPLICANT	
Business name: steven routon architect / llc	
Contact name: steven routon	
Address: 6144 NE Vera Street	
City/State/ZIP: Portland, OR 97213	
Phone: (971) 506-7436	Fax:
E-mail: skrarchitect@gmail.com	
CONTRACTOR	
Business name: Erin Isle Construction	
Address: 11120 SW Industrial Way Building 9 Bay 2	
City/State/ZIP: Tualatin, OR 97062	
Phone: (503) 691-9096	Fax:
CCB No.: 107928	
Authorized signature: <i>[Signature]</i>	Date: 6/5/22
Print name: steven routon	

RESIDENTIAL SINGLE-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate 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
RESIDENTIAL MULTIFAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate 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	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
BUILDING PERMIT FEES	
Please refer to fee schedule	
Fees due upon application:	\$173.87
Amount received:	
Date received:	

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

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

# Building Permit Application

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: 06/03/2020	Permit No.: B2020-1883
Date Issued: 06/26/2020	<i>[Signature]</i>
CITY OF BEAVERTON	
BUILDING DIVISION	
Payment Type:	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 13975 SW 20th St.	
City/State/ZIP: Beaverton, OR 97008	
Suite/bldg./apt. no.:	Project name: Stalnaker 35840
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Encapsulate Crawlspace	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: John Stalnaker	
Address: 13975 SW 20th St	
City/State/ZIP: Beaverton, OR 97008	
Phone: (503) 644-8435	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	\$7,428.28
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	\$124.43
Amount received	
Date received:	

Authorized signature:

Print name: <i>Elenita Ronquillo</i>	Date: 06/02/20
ELENITA RONQUILLO	

This permit application expires if a 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:	6/24/2020	Permit No.:	B2020-2170
Date Issued:	6/26/2020	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: Re-roof
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: 4150 SW HOCKEN AVE.	
City/State/ZIP: BEAVERTON, OR 97005	
Suite/bldg./apt. no.: all bldgs on site	Project name: TIMBERWOOD APTS.
Cross street/directions to job site: SW MILIKAN WAY CROSS STREET TO NORTH	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
TEAR OFF AND RE-ROOF OF 5 BUILDINGS ON SITE	
<input type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
<input type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name:	
Contact name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
CONTRACTOR	
Business name: COMPETITIVE COMMERCIAL ROOFING	
Address: 1465 OR 35	
City/State/ZIP: HOOD RIVER, OR 97031	
Phone: (503) 803-5537	Fax:
CCB lic.: 174631	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate 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	\$173,716
Existing building area:	17240 square feet
New building area:	0 square feet
Number of stories:	2
Type of construction:	wood frame, multi-family
Occupancy groups:	
Existing:	Residential R-2
New:	same

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

BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	2,569.08
Amount received	2569.08
Date received:	6/26/2020

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

Authorized signature:	
Print name:	Randy Feldhaus
Date:	06/24/20



### Building Permit Application

Community Development Department, Building Division  
 City of Beaverton  
 12725 SW Millikan Way / PO Box 4755  
 Beaverton, OR 97076  
 Phone: (503) 528-2403; Fax: (503) 526-2550  
 www.BeavertonOregon.gov/btb

OFFICE USE ONLY	
Date Received: 6/24/2020	Permit No.: B2020-2176
Date Issued: 6/26/2020	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 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: 1500 NW Bethny Blvd	
City/State/ZIP: Beaverton, Or, 97006	
Suite/bldg./apt. no.:	Project name: Suite 285 TI
Cross street/directions to job site: NW Bethany Blvd and NW Cornell Rd	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Remove 1 horn strobe and relocate 1 horn strobe.	
<input type="checkbox"/> PROPERTY OWNER	<input checked="" type="checkbox"/> TENANT
Name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Fire Systems West	
Contact name: Walt Ovenstone	
Address: 600 Se Maritime Ave	
City/State/ZIP: Vancouver, Wa, 98661	
Phone: (360) 693-9906	Fax:
E-mail: walto@firesystemswest.com	
CONTRACTOR	
Business name: Same as above	
Address:	
City/State/ZIP:	
Phone:	Fax:
CCB Lic.: 49732	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number, of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$450,00
Existing building area:	square feet
New building area:	square feet
Number of stories:	2
Type of construction:	
Occupancy groups:	B
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	92.00
Amount received	
Date received:	

Authorized signature:	Date:
Print name: Walt Ovenstone	06/24/20

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: 6/23/2020	Permit No.: B2020-2147
Date issued: 6/26/2020	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: 15505 SW Petrel Ln	
City/State/ZIP: Beaverton OR 97007	
Suite/bldg./apt. no.:	Project name: Boisselle 35977
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.: 1S132AB13000	
DESCRIPTION OF WORK	
Voluntary Underpinning Using 2 Helical Piers	
<input type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Jeff Boisselle	
Address: 15505 SW Petrel Ln	
City/State/ZIP: Beaverton, OR 97007	
Phone: (503) 869-1196	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: TerraFirma Foundation Systems	
Contact name: Elenita Ronquillo	
Address: 13110 SW Wall St	
City/State/ZIP: Tigard OR 97223	
Phone: (503) 718-4533	Fax:
E-mail: eronquillo@terrafirmfs.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	\$4,829.31
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	102.51
Amount received	
Date received:	

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

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

Authorized signature: [Signature]	Date:
Print name:	06/22/20



# 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: 06/18/2020	Permit No.: B2020-2105
Date Issued: 6-22-20	By: <i>[Signature]</i>
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 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: 11830 NW Cedar Falls Drive, Suite 120	
City/State/ZIP: Portland Or 97229	
Suite/bldg./apl. no.: 120	Project name: Summa Realty
Cross street/directions to job site: NW Barnes Rd & 118th. This is a tenant improvement in the Timberland Shopping Center.	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
This is a tenant improvement in the Timberland Shopping Center. Summa Realty is demolishing the existing buildout and changing the flooring, paint, and adding two private offices.	
<input type="checkbox"/> PROPERTY OWNER	<input checked="" type="checkbox"/> TENANT
Name: Tim Horst	
Address: 11830 NW Cedar Falls Drive, Suite 120	
City/State/ZIP: Portland Or 97229	
Phone: (503) 310-4776	Fax: (503) 629-6920
E-mail: thorst@SummaRealty.com	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Summa Realty	
Contact name: Tim Horst	
Address: 5374 NW 150th Place	
City/State/ZIP: Portland Or 97229	
Phone: (503) 310-4776	Fax: (503) 629-6920
E-mail: thorst@SummaRealty.com	
CONTRACTOR	
Business name: Multipurpose Construction Company, Inc	
Address: 15250 SW Sparrow Loop #103	
City/State/ZIP: Beaverton, OR 97007	
Phone: (503) 706-5930	Fax:
CCB lic.: CCB # 229100	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate 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	\$44,050.00
Existing building area:	1299 square feet
New building area:	1299 square feet
Number of stories:	1
Type of construction:	Tenant Improvement
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	\$853.00
Amount received	
Date received:	

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

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

Authorized signature: <i>[Signature]</i>	Date:
Print name: Tim Horst	06/18/20



### Building Permit Application

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

OFFICE USE ONLY	
Date Received: 06/10/2020	Permit No.: B2020-2001
Date Issued: 6/18/2020	Payment Type:

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 7575 SW Wilson Ave.	
City/State/ZIP: Beaverton, OR 97008	
Suite/bldg./apt. no.:	Project name: Lulay
Cross street/directions to job site: Wilson off Heart Road	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Installation of beam/removal of wall interior	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Kurt Lulay	
Address: 7575 SW Wilson Avenue	
City/State/ZIP: Beaverton, OR 97008	
Phone: (503) 936-7092	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Terry Talbert Construction	
Contact name: Terry Talbert	
Address: 8920 SW Midea Lane	
City/State/ZIP: Portland, OR 97225	
Phone: (503) 936-7092	Fax:
E-mail: ttjtalbert@comcast.net	
CONTRACTOR	
Business name: Terry Talbert Construction	
Address: 8920 SW Midea Lane	
City/State/ZIP: Portland, OR 97225	
Phone: (503) 936-7092	Fax:
CCB No.: 74221	
Authorized signature:	Date:
Print name: Terry Talbert	06/10/20

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	\$1500
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	\$69.73
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

Form B70-1001

REV 11/19



# Building Permit Application

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

5126 AL

Re Issue RECEIVED B2018-1342

OFFICE USE ONLY	
Date Received: NOV 5 2018	Permit No.: B2018-5203
Date Issued: 6-19-2020	By: DJ
CITY OF BEAVERTON BUILDING DIVISION	
Payment Type:	

11/01/20

TYPE OF WORK	
<input checked="" type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input 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: 15914 SW Wren Ln	
City/State/ZIP: Beaverton, OR	
Sub/bldg./apt. no.:	Project name: Russell
Cross street/directions to job site:	
Subdivision: Westmont	Lot no.: 19
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	340 541.49
Number of bedrooms:	4
Number of bathrooms:	2.5
Total number of floors:	2
New dwelling area:	2661 square feet
Garage/carport area:	465 square feet
Covered porch area:	144 square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate 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	1405.12
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

Authorized signature:	Date: 6/19/20
Print name: Amanda Loveridge	Date: 6/19/20

# 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



2019 CD

OFFICE USE ONLY	
Date Received: 1/14/2019	Permit No: B2019-0170
Date Issued: 6-19-2020	By: DS
Payment Type:	

TYPE OF WORK	
<input checked="" type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master bulder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 15917 SW Wren Lane	
City/State/ZIP: Beaverton, OR	
Suite/bldg./apt. no.:	Project name: Russell
Cross street/directions to job site:	
Subdivision: Westmont	Lot no.: 48
Tax map/parcel no.:	
DESCRIPTION OF WORK	
NSFR - 2547BR - 2 Car Garage	
Resub due to Plan change	
<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	<del>346,680</del> 399,989.15
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	1,340.79
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

Authorized signature: *Amanda Loveridge* Date: 10/27/19

# Building Permit Application

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



*Approved*

*ROUTED*

OFFICE USE ONLY	
Date Received: <i>1/14/2019</i>	Permit No: <i>B2019-0168</i>
Date Issued: <i>6-14-2020</i>	By: <i>JS</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: <i>15916 SW Thrush Lane</i>	
City/State/ZIP: <i>Beaverton, OR</i>	
Suite/bldg./apt. no.:	Project name: <i>Russell</i>
Cross street/directions to job site:	
Subdivision: <i>Westmont</i>	Lot no.: <i>71</i>
Tax map/parcel no.:	
DESCRIPTION OF WORK	
<i>NSFR - 3724AL - 2 Car Garage</i>	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: <i>DR Horton, Inc</i>	
Address: <i>4380 SW Macadam Ave Suite 200</i>	
City/State/ZIP: <i>Portland, OR 97239</i>	
Phone: <i>(503) 222-4151</i>	Fax:
E-mail: <i>plancheck@drhorton.com</i>	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: <i>DR Horton, Inc</i>	
Contact name: <i>Amanda Loveridge</i>	
Address: <i>SAME AS ABOVE</i>	
City/State/ZIP:	
Phone:	Fax:
E-mail: <i>plancheck@drhorton.com</i>	
CONTRACTOR	
Business name: <i>DR Horton, Inc</i>	
Address: <i>SAME AS ABOVE</i>	
City/State/ZIP:	
Phone:	Fax:
CCB lic.: <i>130859</i>	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	<i>321,840 292,518.69</i>
Number of bedrooms:	<i>4</i>
Number of bathrooms:	<i>2.5</i>
Total number of floors:	<i>2</i>
New dwelling area:	<i>2297</i> square feet
Garage/carport area:	<i>385</i> square feet
Covered porch area:	<i>94</i> square feet
Deck area:	square feet
Other structure area:	square feet

REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate 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	<i>1,257.96</i>
Amount received	
Date received:	

Authorized signature: <i>Amanda Loveridge</i>	Date: <i>6/27/18</i>
Print name: <i>Amanda Loveridge</i>	

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

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

Approved

Raven

# Building Permit Application

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



OFFICE USE ONLY	
Date Received: 11/4/2019	Permit No: B2019-0163
Date Issued: 6-19-2020	By: DJ
Payment Type:	

TYPE OF WORK	
<input checked="" type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 15551 SW Thrush Lane	
City/State/ZIP: Beaverton, OR	
Suite/bldg./apt. no.:	Project name: Russell
Cross street/directions to job site:	
Subdivision: Westmont	Lot no.: 121
Tax map/parcel no.:	
DESCRIPTION OF WORK	
NSFR - 3729BL - 2 Car Garage	
<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	344,880 315,769.02
Number of bedrooms:	5
Number of bathrooms:	3
Total number of floors:	2
New dwelling area:	2506 square feet
Garage/carport area:	368 square feet
Covered porch area:	62 square feet
Deck area:	square feet
Other structure area:	square feet

REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate 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	1,328.47
Amount received	
Date received:	

Authorized signature:	
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



*Approved*

*ROUTED*

OFFICE USE ONLY	
Date Received: <i>1/14/2019</i>	Permit No: <i>B2019-0155</i>
Date Issued: <i>6-18-2020</i>	By: <i>DS</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: <b>15927 SW Thrush Lane</b>	
City/State/ZIP: <b>Beaverton, OR</b>	
Suite/bldg./apt. no.:	Project name: <b>Russell</b>
Cross street/directions to job site:	
Subdivision: <b>Westmont</b>	Lot no.: <b>102</b>
Tax map/parcel no.:	
DESCRIPTION OF WORK	
<b>NSFR - 3729BL - 2 Car Garage</b>	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: <b>DR Horton, Inc</b>	
Address: <b>4380 SW Macadam Ave Suite 200</b>	
City/State/ZIP: <b>Portland, OR 97239</b>	
Phone: <b>(503) 222-4151</b>	Fax:
E-mail: <b>plancheck@drhorton.com</b>	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: <b>DR Horton, Inc</b>	
Contact name: <b>Amanda Loveridge</b>	
Address: <b>SAME AS ABOVE</b>	
City/State/ZIP:	
Phone:	Fax:
E-mail: <b>plancheck@drhorton.com</b>	
CONTRACTOR	
Business name: <b>DR Horton, Inc</b>	
Address: <b>SAME AS ABOVE</b>	
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	<del>344,880</del> <b>315,769.02</b>
Number of bedrooms:	<b>5</b>
Number of bathrooms:	<b>3</b>
Total number of floors:	<b>2</b>
New dwelling area:	<b>2506</b> square feet
Garage/carport area:	<b>368</b> square feet
Covered porch area:	<b>62</b> square feet
Deck area:	square feet
Other structure area:	square feet

REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate 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>1,328.47</b>
Amount received	
Date received:	

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

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

Authorized signature: <i>Amanda Loveridge</i>	Date: <i>6/27/18</i>
Print name: <b>Amanda Loveridge</b>	

# 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: 05/28/2020	Permit No.: B2020-1826
Date Issued: 06/18/2020	Payment Type:
CITY OF BEAVERTON	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master buldler	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 1500 NW Bethany Blvd	
City/State/ZIP: Beaverton / OR / 97008	
Suite/bldg./apt. no.: 285	Project name: Traffic tech TI
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.: 1N132BB01500	
DESCRIPTION OF WORK	
Tenant Improvement	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Kidder Mathews	
Address: 101 SW Main St, Suite 1200	
City/State/ZIP: Portland / OR / 97204	
Phone: (503) 721-2729	Fax:
E-mail: kane.thomas@kidder.com	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Robert Todd Construction	
Contact name: Todd Lopiparo	
Address: 4080 SE International Way, Suite B-113	
City/State/ZIP: Milwaukie / OR / 97222	
Phone: (503) 653-5704	Fax: (503) 653-5729
E-mail: todd@roberttoddconstruction.com	
CONTRACTOR	
Business name: Robert Todd Construction	
Address: 4080 SE International Way, Suite B-113	
City/State/ZIP: Milwaukie / OR / 97222	
Phone: (503) 653-5704	Fax: (503) 653-5729
CCB lic.: 98517	

Authorized signature:	Date:
Print name: Karen Gladden	05/28/20

BUILDING DIVISION	
REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	68,000
Existing building area:	square feet 5,191
New building area:	square feet 5,191
Number of stories:	1
Type of construction:	Tenant Improvement
Occupancy groups:	B
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	
Amount received	
Date received:	

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

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



### Building Permit Application

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

OFFICE USE ONLY	
Date Received: 03/23/2020	Permit No.: B2020-1089
Date Issued: 04/18/2020	
	Payment Type:

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 11375 SW Center St,	
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	
INSTALL COOLER AND FREEZER REFRIGERATION EQUIPMENT	
<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: SMITH AND GREENE	
Contact name: MEENU	
Address: 3645 NW FRONT AVE	
City/State/ZIP: PORTLAND, OR 97210	
Phone: (503) 706-7154	Fax:
E-mail: MEENUS@SMITHANDGREENE.COM	
CONTRACTOR	
Business name: same as above/ kitchen equipment contractor	
Address:	
City/State/ZIP:	
Phone:	Fax:
CCB lic.: 130496	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$13,500
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	362.61
Amount received	
Date received:	

Authorized signature:	Date: 03/16/2020
Print name: MEENU S	

This permit application expires if a 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

RECEIVED

04/20/2020

CITY OF BEAVERTON  
BUILDING DIVISION

**Beaverton**  
Community Development Department, Building Division  
13725 SW Millikan Way / PO Box 4755  
Beaverton, OR 97005  
Phone: (503) 526-4100, Fax: (503) 526-2356  
www.beavertonoregon.gov/bld

OFFICE USE ONLY

Date Received: 4/18/2020 Permit No: B2020-1397  
Date Issued: 4/18/2020 Payment Type: SM

<b>TYPE OF WORK</b>	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/encasement	<input type="checkbox"/> Other:
<b>CATEGORY OF CONSTRUCTION</b>	
<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"/> Mobile trailer	<input type="checkbox"/> Other:
<b>JOB SITE INFORMATION AND LOCATION</b>	
Job site address: <u>5105 SW Erickson Ave</u>	
City/State/Zip: <u>Beaverton, OR 97005</u>	
Project name: <u>Foundation Repair</u>	
Scale/dwg. set. no.:	
Cross streets/directions to job site: <u>6th</u>	
Subdivision: <u>NA</u> Lot no.: <u>R1165553</u>	
Tax map/parcel no.: <u>1S116DB03201</u>	
Description of work: <u>Replace two sections of failing foundation. Plans are prescriptive with 8x16 footing and 6" inch stem wall.</u>	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: <u>John Loy</u>	
Address: <u>5105 SW Erickson Ave</u>	
City/State/Zip: <u>Beaverton, OR 97005</u>	
Phone: <u>(503) 644-9179</u>	Fax:
E-mail: <u>jsoal12@yahoo.com</u>	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: <u>Foundation King of Oregon Inc.</u>	
Contact name: <u>Jeff Twenge</u>	
Address: <u>23830 NE Dayton Ave</u>	
City/State/Zip: <u>Newberg, OR 97132</u>	
Phone: <u>(503) 516-4437</u>	Fax:
E-mail: <u>jeff@foundationkingOR.com</u>	
<b>CONTRACTOR</b>	
Business name: <u>Foundation King of Oregon Inc.</u>	
Address: <u>23830 NE Dayton Ave</u>	
City/State/Zip: <u>Newberg, OR 97132</u>	
Phone: <u>(503) 516-4437</u>	Fax:
CEB Lic.: <u>203353</u>	
Authorized signature:	
Print name: <u>Jeff Twenge</u>	Date: <u>04/20/20</u>
<b>REQUIREMENTS AND SPECIAL NOTES</b>	
Permit fees are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation: <u>21000</u>	
Number of bathrooms: <u>3</u>	
Total number of floors: <u>2</u>	
New dwelling area: <u>0</u> square feet	
Garage/porch area: <u>0</u> square feet	
Covered porch area: <u>0</u> square feet	
Deck area: <u>0</u> square feet	
Other structure area: <u>0</u> square feet	
<b>REQUIRED DATA - COMMERCIAL USE CHECKLIST</b>	
Permit fees are based on the value of the work performed. Indicate 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: <u>0</u> square feet	
New building area: <u>0</u> square feet	
Number of stories:	
Type of construction:	
Occupancy group:	
Existing:	
New:	
As contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed, if the applicant is exempt from licensing, the following reasons apply:	
<b>BUILDING PERMIT FEES</b>	
Please refer to fee schedule	
Fees due upon application:	
Amount collected:	
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 BTG-1001 REV 11/19



# Building Permit Application

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

RECEIVED OFFICE USE ONLY	
Date Received: 06/08/2020	Permit No B2020-1961
Date Issued: 6/17/2020	By: [Signature]
CITY OF BEAVERTON	
1&2 family: Simple	Complex:

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input 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: 8480 SW HALTER TER	
City/State/ZIP: BEAVERTON OR	
Suite/bldg./apt. no.:	Project name: ED & DOREEN KRIEGAL
Cross street/directions to job site:	
Subdivision: W275883 Lot no.:	
Tax map/parcel no.: 1S128BA01800	
DESCRIPTION OF WORK	
REPLACEMENT OF EXISTING DECK NO CHANGE IN LOCATION.	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: ED & DOREEN KRIEGAL	
Address: 8480 SW HALTER TER	
City/State/ZIP: BEAVERTON OR	
Phone: ( 503 )	Fax: ( )
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: MIKE MONTGOMERY	
Contact name: SIMPL HOME DESIGNS	
Address: 4931 SW 76TH AVE., PMB 211	
City/State/ZIP: PORTLAND OR 97225	
Phone: ( 503 ) 515-6495	Fax: ( 503 ) 719-4825
E-mail: mikem@ezpermits.biz	
CONTRACTOR	
Business name: Valiant Construction, Inc.	
Address: 6107 SW Murray Blvd, #243	
City/State/ZIP: Beaverton OR 97008	
Phone: ( 503 ) 515-9613	Fax: ( )
CCB lic: 113498	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	15,000.00
Number, of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area: 711	square feet
Other structure area:	square feet

REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate 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	\$232.43
Amount received	
Date received:	

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

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

Authorized signature: [Signature]

Print name: Mike Montgomery Date: 03/05/16



### 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: 06/10/2020	Permit No: B2020-1987
Date Issued: 6/11/2020	<i>[Signature]</i>
CITY OF BEAVERTON BUILDING DIVISION	
Payment Type:	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 17305 NW Corridor Ct. Suite 150	
City/State/ZIP: Beaverton, OR 97006	
Suite/bldg./apt. no.:	Project name: Evergreen Family Dentistr
Cross street/directions to job site: Nw 173rd and Corridor Ct. Suite 150	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Add non load-bearing walls and soffits.	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input checked="" type="checkbox"/> TENANT
Name: Evergreen Family Dentistry - Dr. Derek Youngblood	
Address: 17305 NW Corridor Ct.	
City/State/ZIP: Beaverton, OR 97006	
Phone: (971) 770-3455	Fax:
E-mail: derek.youngblood@gmail.com	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: Obsidian Design, LLC	
Contact name: Chelsea Rodgers	
Address: 5921 SE Cedar St.	
City/State/ZIP: Milwaukie, OR 97222	
Phone: (503) 539-3657	Fax:
E-mail: obsidiandesignpdx@gmail.com	
CONTRACTOR	
Business name: TBD Color Map Painting LLC	
Address: PO Box 1480	
City/State/ZIP: Beaverton OR 97075	
Phone: 503-330-4309	Fax:
CCB lic.: 177062	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$10,000
Existing building area:	5,091 square feet
New building area:	5,091 square feet
Number of stories:	1
Type of construction:	VB
Occupancy groups:	
Existing:	B
New:	B
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	\$285.65
Amount received	
Date received:	Total fees due 278.20

Authorized signature: *[Signature]*

Print name: Chelsea Rodgers	Date: 06/08/20
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This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

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



### Building Permit Application

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

OFFICE USE ONLY	
Date Received: 06/16/2020	Permit No.: B2020-2063
Date Issued: 06/17/2020	Payment Type:
<b>CITY OF BEAVERTON</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 type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master bullder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 6700 SW 105th Ave Suite 106	
City/State/ZIP: Beaverton OR 97008	
Suite/bldg./apt. no.: 106	Project name: Because It's There LLC.
Cross street/directions to job site: SW Denney Road	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Add relocate or plug off sprinkler heads for code compliance with new walls and ceilings	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: American Property Management	
Address: 2154 NW Broadway st	
City/State/ZIP: Portland OR 97232	
Phone: (503) 284-2147	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Vanport Mechanical and Fire sprinklers	
Contact name: Ivan Krajeski	
Address: 6101 NE 127th Ave	
City/State/ZIP: Vancouver WA 98682	
Phone: (360) 256-9838	Fax:
E-mail: ivank@vanportmech.com	
CONTRACTOR	
Business name: Vanport Mechanical and Fire sprinklers	
Address: 6101 NE 127th Ave	
City/State/ZIP: Vancouver WA 98682	
Phone: (360) 256-9838	Fax:
CCB lic.: 208502	

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

REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	300
Existing building area:	51000 square feet
New building area:	1094 square feet
Number of stories:	3
Type of construction:	5B
Occupancy groups:	Business
Existing:	
New:	

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

BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	\$92.00
Amount received	
Date received:	

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

Authorized signature:	Date:
Print name: Ivan Krajeski	06/16/20



### 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: 6/21/2020	Permit No: 15020-2064
Date Issued: 6/24/2020	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: Re-roofing
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: Building #2 (14976) 14970, 14964 SW Conor Circle	
City/State/ZIP: Beaverton OR 97006	
Suite/bldg./apt. no.:	Project name: Conor Commo'
Cross street/directions to job site: Off of Walker in front of Nike	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Remove and replace existing roofs. This is phase #2 phase #1 was done in August of 2019. All info should be the same from that permit.	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Conor Comons Home Owner's Association	
Address: 16055 SW Walker Road, #234	
City/State/ZIP: Beaverton OR	
Phone: (541) 556-3483	Fax:
E-mail: cchoassec@yahoo.com	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Clearwater Construction Inc.	
Contact name: Jed Jensen	
Address: 22307 SE Sharon Drive	
City/State/ZIP: 22307 SE Sharon Drive	
Phone: (503) 789-0592	Fax:
E-mail: jedjensen@hotmail.com	
CONTRACTOR	
Business name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
CCB lic.: 189186	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$12,500.00
Number of bedrooms:	3
Number of bathrooms:	2
Total number of floors:	2
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	424.01
Amount received	
Date received:	

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

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

Authorized signature:	Date:
Print name:	



### Building Permit Application

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

RECEIVED OFFICE USE ONLY	
Date Received: 06/03/2020	Permit No.: B2020-1877
Date Issued: <i>6/1/2020</i>	<i>AW</i>
CITY OF BEAVERTON BUILDING DIVISION	
Payment Type:	

TYPE OF WORK	
<input checked="" type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input 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	
Suite/bldg./apt. no.:	Project name: South Cooper Mountain
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Fire Alarm System Installation	
<input type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
<input type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name:	
Contact name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
CONTRACTOR	
Business name: WILLAMETTE VALLEY SECURITY	
Address: PO BOX 1563	
City/State/ZIP: SHERWOOD, OR 97140	
Phone: (503) 244-5273	Fax:
CCB lic.: 96932	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$65,000.00
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	
Amount received	<i>fees due 1,037.72</i>
Date received:	

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

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

Authorized signature: <i>[Signature]</i>	Date: 6/1/20
Print name: Corinda Craig	



### 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: 06/08/2020	Permit No.: B2020-1963
Date Issued: 6/16/2020	By: [Signature]
CITY OF BEAVERTON BUILDING DIVISION	
Payment Type:	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 15410 SW Nightingale Ct	
City/State/ZIP: Beaverton OR 97007	
Suite/bldg./apt. no.:	Project name: PAUL P.
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Replace existing deck, steps and railings.	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Paul Pomerantz	
Address: 15410 SW Nightingale Ct	
City/State/ZIP: Beaverton OR 97007	
Phone: 9712277395	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Above All Fences, Decks & Construction LLC	
Contact name: Ben Logos	
Address: 7424 SW Fir St	
City/State/ZIP: Tigard OR 97223	
Phone: 9714047609	Fax:
E-mail: aboveallconstruction@gmail.com	
CONTRACTOR	
Business name: Above All Fences, Decks & Construction LLC	
Address: 7424 SW Fir St	
City/State/ZIP: Tigard OR 97223	
Phone: 971 404 7609	Fax:
CCB lic.: 190649	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	15550
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:	300 square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate 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	\$244.14
Amount received	
Date received:	

Authorized signature: [Signature]	Date:
Print name: Ben Logos	June 6th 2020

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

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

Form B70-1001 REV 11/19



### Building Permit Application

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

OFFICE USE ONLY	
Date Received: 11/15/2020	Permit No: 52020-2041
Date Issued: 11/16/2020	Payment Type:

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input checked="" type="checkbox"/> Other: Re-roofing
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: Building #2 14976, 14970, 14964 SW Conor Circle	
City/State/ZIP: Beaverton OR 97006	
Suite/bldg./apt. no.:	Project name: Conor Commons
Cross street/directions to job site: Off of Walker in front of Nike	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Remove and replace existing roofs. This is phase #2 phase #1 was done in August of 2019. All info should be the same from that permit.	
<input type="checkbox"/> PROPERTY OWNER	<input checked="" type="checkbox"/> TENANT
Name: Conor Comons Home Owner's Association	
Address: 16055 SW Walker Road, #234	
City/State/ZIP: Beaverton OR	
Phone: (541) 556-3483	Fax:
E-mail: cchoassec@yahoo.com	
<input type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: Clearwater Construction Inc.	
Contact name: Jed Jensen	
Address: 22307 SE Sharon Drive	
City/State/ZIP: 22307 SE Sharon Drive	
Phone: (503) 789-0592	Fax:
E-mail: jedjensen@hotmail.com	
CONTRACTOR	
Business name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
CDB lic.: 189186	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$12,500.00
Number of bedrooms:	3
Number of bathrooms:	2
Total number of floors:	2
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	424.01
Amount received	
Date received:	

Authorized signature:	Date:
Print name:	

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

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

Form B70-1001 REV 11/19



## Building Permit Application

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

OFFICE USE ONLY	
Date Received:	Permit No. B7020-5065
Date Issued: 10/16/2020	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: Re-roofing
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: Building #2 14976 (14970) 14964 SW Conor Circle	
City/State/ZIP: Beaverton OR 97006	
Suite/bldg./apt. no.:	Project name: Conor Commons
Cross street/directions to job site: Off of Walker in front of Nike	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Remove and replace existing roofs. This is phase #2 phase #1 was done in August of 2019. All info should be the same from that permit.	
<input type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Conor Comons Home Owner's Association	
Address: 16055 SW Walker Road, #234	
City/State/ZIP: Beaverton OR	
Phone: (541) 556-3483	Fax:
E-mail: cchoassec@yahoo.com	
<input type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Clearwater Construction Inc.	
Contact name: Jed Jensen	
Address: 22307 SE Sharon Drive	
City/State/ZIP: 22307 SE Sharon Drive	
Phone: (503) 789-0592	Fax:
E-mail: jedjensen@hotmail.com	
CONTRACTOR	
Business name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
CCB lic.: 189186	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$12,500.00
Number of bedrooms:	3
Number of bathrooms:	2
Total number of floors:	2
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	424.01
Amount received	
Date received:	

Authorized signature:	Date:
Print name:	

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

# Building Permit Application



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

OFFICE USE ONLY	
Date Received: 4/20/2020	Permit No.: B2018-3169
Date Issued: 6-15-20	By: <i>MC</i>
	Payment Type: <i>Check</i>

TYPE OF WORK	
<input checked="" type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input 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: 17011 SW Albatross 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.: 16
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	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$171,000
Number of bedrooms:	2
Number of bathrooms:	2.5
Total number of floors:	3
New dwelling area:	1383 square feet
Garage/carport area:	309.18 square feet
Covered porch area:	0 square feet
Deck area:	102.86 square feet 0
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate 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: *Jennifer Reilly*  
 Print name: Jennifer Reilly Date: 4/17/20

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

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

# Building Permit Application



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

OFFICE USE ONLY	
Date Received: 4/20/2020	Permit No.: B2018-3152
Date Issued: 4-15-20	By: <i>[Signature]</i>
	Payment Type: <i>Check</i>

TYPE OF WORK	
<input checked="" type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input 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: 17005 SW Albatross 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.: 17
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	\$171,000
Number of bedrooms:	2
Number of bathrooms:	2.5
Total number of floors:	3
New dwelling area:	1369 square feet
Garage/carport area:	296.4 square feet
Covered porch area:	0 square feet
Deck area:	102.86 square feet 0
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate 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: *Jennifer Reilly*

Print name: Jennifer Reilly Date: 4/17/20

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

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

# Building Permit Application

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



OFFICE USE ONLY	
Date Received: 4/20/2020	Permit No.: B2018-3168
Date issued: 6-15-20	By: <i>[Signature]</i>
	Payment Type:

TYPE OF WORK	
<input checked="" type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input 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: 17001 SW Albatross 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.: 18
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	\$191,000
Number of bedrooms:	2
Number of bathrooms:	2.5
Total number of floors:	3
New dwelling area:	1542 square feet
Garage/carport area:	536.97 square feet
Covered porch area:	0 square feet
Deck area:	126.34 square feet 0
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate 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

Authorized signature:

*Jennifer Reilly*

Print name: Jennifer Reilly

Date: 4/17/20



### 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: 5-29-20	Permit No.: B2020-1845
Date Issued: 6-15-20	By: <i>HLK</i>
	Payment Type: <i>AMX</i>

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: 5385 SW Colony Ct	
City/State/ZIP: Beaverton, OR, 97005	
Suite/bldg./apt. no.:	Project name:
Cross street/directions to job site: 6th ST	
Subdivision:	Lot no.: 37
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Relocating exterior door from the west wall to the east wall. Installing a window over the previous location of the door.	
<input type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Richard Eyde	
Address: 5385 SW Colony Ct	
City/State/ZIP: Beaverton OR 97005	
Phone: NA	Fax:
E-mail: NA	
<input type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name:	
Contact name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
CONTRACTOR	
Business name: JC's Remodels	
Address: 4140 Sw 203rd ave	
City/State/ZIP: Aloha OR, 97078	
Phone: 971-322-4127	Fax:
CCB lic.: 165304	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	2200.00
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	87.89
Amount received	
Date received:	

Authorized signature:	Date:
<i>Javier Cruz</i>	05/26/2020

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 4756  
 Beaverton, OR 97076  
 Phone: (503) 526-2403; Fax: (503) 526-2550  
 www.BeavertonOregon.gov/blb

OFFICE USE ONLY	
Date Received: 05/14/2020	Permit No. B2020-1674
Date Issued: [Signature]	Payment Type: -
CITY OF BEAVERTON	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other: Exterior Renovations
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other: Existing Multi-Family
JOB SITE INFORMATION AND LOCATION	
Job site address: 4150 SW Hocken Bldg C	
City/State/ZIP: Beaverton, OR 97005	
Suite/bldg./apt. no.:	Project name: Timberwood Apartments
Cross street/directions to job site: SW Hocken Between SW Henry and SW Millikan Way	
Subdivision:	Lot no.:
Tax map/parcel no.: 1S116AB00300	
DESCRIPTION OF WORK	
Replace exterior siding, deck and stair railings, exterior trim.	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: TW-JP, LLC	
Address: PO Box 2968	
City/State/ZIP: Portland, OR 97209	
Phone: (503) 450-0233	Fax: (503) 450-0241
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: steven routon architect / llc	
Contact name: steven routon	
Address: 6144 NE Vera Street	
City/State/ZIP: Portland, OR 97213	
Phone: (971) 506-7436	Fax:
E-mail: skrarchitect@gmail.com	
CONTRACTOR	
Business name: Erin Isle Construction	
Address: 1120 SW Industrial Way Building 9 Bay 2	
City/State/ZIP: Tualatin, OR 97062	
Phone: (503) 691-9096	Fax:
CCB lic.: 107928	

BUILDING DEPARTMENT DATA - 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation:	\$ 130,000
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	\$1,741.40
Amount received	
Date received:	

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

Authorized signature: [Signature]	Date: 5.13.20
Print name: steven routon	



### Building Permit Application

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

OFFICE USE ONLY	
Date Received: 05/14/2020	Permit No. B2020-1675
Date Issued: 5/15/2020	By: [Signature]
CITY OF BEAVERTON	
Payment Type:	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other: Exterior Renovations
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other: Existing Multi-Family
JOB SITE INFORMATION AND LOCATION	
Job site address: 4150 SW Hocken <b>Blg A</b>	
City/State/ZIP: Beaverton, OR 97005	
Suite/bldg./apt. no.:	Project name: Timberwood Apartments
Cross street/directions to job site: SW Hocken Between SW Henry and SW Millikan Way	
Subdivision:	Lot no.:
Tax map/parcel no.: 1S116AB00300	
DESCRIPTION OF WORK	
Replace exterior siding, deck and stair railings, exterior trim.	
<input type="checkbox"/> PROPERTY OWNER	<input checked="" type="checkbox"/> TENANT
Name: TW-JP, LLC	
Address: PO Box 2968	
City/State/ZIP: Portland, OR 97209	
Phone: (503) 450-0233	Fax: (503) 450-0241
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: steven routon architect / llc	
Contact name: steven routon	
Address: 6144 NE Vera Street	
City/State/ZIP: Portland, OR 97213	
Phone: (971) 506-7436	Fax:
E-mail: skrarchitect@gmail.com	
CONTRACTOR	
Business name: Erin Isle Construction	
Address: 11120 SW Industrial Way Building 9 Bay 2	
City/State/ZIP: Tualatin, OR 97062	
Phone: (503) 691-9096	Fax:
CCB No.: 107928	

REQUIRED DATA - 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation: \$130,000	
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	\$1,741.40
Amount received	
Date received:	

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

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

Form B70-1001 REV 11/19

Authorized signature: [Signature]	Date: 5-13-20
Print name: steven routon	



### Building Permit Application

Community Development Department, Building Division  
 City of Beaverton  
 12725 SW Millikan Way / PO Box 4766  
 Beaverton, OR 97076  
 Phone: (503) 526-2403; Fax: (503) 528-2550  
 www.BeavertonOregon.gov/bld

RECEIVED

OFFICE USE ONLY	
Date Received: 05/14/2020	Permit No.: B2020-1673
Date Issued: 5/13/2020	Payment Type:
CITY OF BEAVERTON BUILDING DIVISION	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other: Exterior Renovations
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other: Existing Multi-Family
JOB SITE INFORMATION AND LOCATION	
Job site address: 4150 SW Hocken Bldg B	
City/State/ZIP: Beaverton, OR 97005	
Suite/bldg./apt. no.:	Project name: Timberwood Apartments
Cross street/directions to job site: SW Hocken Between SW Henry and SW Millikan Way	
Subdivision:	Lot no.:
Tax map/parcel no.: 1S116AB00300	
DESCRIPTION OF WORK	
Replace exterior siding, deck and stair railings, exterior trim.	
PROPERTY OWNER	
<input checked="" type="checkbox"/> PROPERTY OWNER	
Name: TW-JP, LLC	
Address: PO Box 2968	
City/State/ZIP: Portland, OR 97209	
Phone: (503) 450-0233	Fax: (503) 450-0241
E-mail:	
CONTACT PERSON	
<input checked="" type="checkbox"/> CONTACT PERSON	
Business name: steven routon architect / llc	
Contact name: steven routon	
Address: 6144 NE Vera Street	
City/State/ZIP: Portland, OR 97213	
Phone: (971) 506-7436	Fax:
E-mail: skrarchitect@gmail.com	
CONTRACTOR	
Business name: Erin Isle Construction	
Address: 11120 SW Industrial Way Building 9 Bay 2	
City/State/ZIP: Tualatin, OR 97062	
Phone: (503) 691-9096	Fax:
CCB lic.: 107928	

REQUIRED DATA: 1- AND 2- FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation: \$90,000	
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	\$1,269.56
Amount received	
Date received:	

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

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

Authorized signature:	Date: 5-13-20
Print name: steven routon	

# Building Permit Application



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

## OFFICE USE ONLY

Date Received: 4/20/2020	Permit No.: B2018-3151
Date Issued: 4/15/2020	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 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: 17101 SW Albatross 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.: 14
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@everethhomesnw.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@everethhomesnw.com	
CONTRACTOR	
Business name: Everett Custom Homes	
Address: 3330 NW Yeon Ave	
City/State/ZIP: Portland, Oregon 97210	
Phone: jreilly@everethhomesnw.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	\$191,000
Number of bedrooms:	2
Number of bathrooms:	2.5
Total number of floors:	3
New dwelling area:	1542 square feet
Garage/carport area:	536.97 square feet
Covered porch area:	0 square feet
Deck area:	126.34 square feet 0
Other structure area:	square feet

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

Authorized signature: <i>Jennifer Reilly</i>	Date: 4/17/20
Print name: Jennifer Reilly	

# Building Permit Application

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



OFFICE USE ONLY	
Date Received: 4/20/2020	Permit No.: B2018-3174
Date Issued: 6/15/2020	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 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: 17015 SW Albatross 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.: 15
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	\$171,000
Number of bedrooms:	2
Number of bathrooms:	2.5
Total number of floors:	3
New dwelling area:	1369 square feet
Garage/carport area:	296.4 square feet
Covered porch area:	0 square feet
Deck area:	102.86 square feet 0
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate 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: *Jennifer Reilly*

Print name: Jennifer Reilly Date: 4/17/20

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

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



### Building Permit Application

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

OFFICE USE ONLY	
Date Received: 06/05/2020	Permit No.: B2020-1953
Date Issued:	<i>[Signature]</i>
CITY OF BEAVERTON BUILDING DIVISION	
Payment Type:	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 5225 SW Scholls Ferry Road	
City/State/ZIP: Portland, OR 97225	
Suite/bldg./apt. no.:	Project name: BSD Raleigh Hills Cooler Room
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Add (3) sprinklers for new cooler room off existing partially sprinklered 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: Viking Automatic Sprinkler Company	
Contact name: Josh Miller	
Address:	
City/State/ZIP:	
Phone: 503-953-4744	Fax:
E-mail: josh.miller@vikingsprinkler.net	
CONTRACTOR	
Business name: Viking Automatic Sprinkler Company	
Address: 3245 NW Front Avenue	
City/State/ZIP: Portland, OR 97210	
Phone: 503-227-1171	Fax:
CCB lic.: 64837	

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

REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation \$1,500	
Existing building area:	square feet
New building area:	square feet
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	\$43.16
Amount received	
Date received:	

Authorized signature: <i>Josh Miller</i>	Date: 5/26/20
Print name: Josh Miller	

This permit application expires if a 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

Clear Form



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

OFFICE USE ONLY	
Date Received: 06/03/2020	Permit No.: B2020-1894
Date Issued: 6/10/2020	By: [Signature]
CITY OF BEAVERTON BUILDING DIVISION	
Payment Type:	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 15985 NW Schendel Ave	
City/State/ZIP: Beaverton	
Suite/bldg./apt. no.:	Project name: Allegro Microsystems
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Add & relocate fire sprinkler heads as req for TI	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Wyatt Fire Protection	
Contact name: Ronin Campbell	
Address: 9095 SW Burnham	
City/State/ZIP: Tigard OR 97223	
Phone: (503) 684-2928	Fax:
E-mail: r.campbell@wyattfire.com	
CONTRACTOR	
Business name: Same	
Address:	
City/State/ZIP:	
Phone:	Fax:
CCB lic.: 64077	

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

REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	1940
Existing building area:	square feet
New building area:	square feet 0
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	

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

BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	\$51.55
Amount received	
Date received:	

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

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

Authorized signature: Ronin Campbell

Print name: Ronin Campbell	Date: 06/03/20
----------------------------	----------------

Approved

Westmont lot 103

### Building Permit Application



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

OFFICE USE ONLY	
Date Received: 12/16/2019	Permit No. B2019-5169
Date Issued: 0-10-20	By: <i>HLK</i>
CITY OF BEAVERTON BUILDING DIVISION	
Payment Type: <i>Check</i>	

TYPE OF WORK	
<input checked="" type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input 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: 15915 SW Thrush Lane	
City/State/ZIP: Beaverton Oregon 97007	
Suite/bldg./apt. no.:	Project name: Westmont
Cross street/directions to job site:	
Subdivision: Westmont	Lot no.: 103
Tax map/parcel no.:	
DESCRIPTION OF WORK	
NSFR - 2730 BL	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: DR Horton	
Address: 4380 SW Macadam Ave STE 200	
City/State/ZIP: Portland Oregon 97239	
Phone: (503) 721-2393	Fax:
E-mail: esweeks@drhorton.com	
<input type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: SAME AS ABOVE	
Contact name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
CONTRACTOR	
Business name: SAME AS ABOVE	
Address:	
City/State/ZIP:	
Phone:	Fax:
CCB lic.:	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	375,120.00
Number, of bedrooms:	5.4
Number of bathrooms:	3
Total number of floors:	2
New dwelling area:	2740 square feet
Garage/carport area:	369.465 square feet
Covered porch area:	98.144 square feet
Deck area:	square feet
Other structure area:	square feet

REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate 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	\$1,512.43
Amount received	
Date received:	

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

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

Authorized signature:

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

Approved

# Building Permit Application

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



Westmont lot 104

RECEIVED

### OFFICE USE ONLY

Date Received: 12/16/2019	Permit No. B2019-5172
Date Issued: 10-10-20	By: <i>RL</i>
CITY OF BEAVERTON	
BUILDING DIVISION	
Payment Type: <i>check</i>	

TYPE OF WORK	
<input checked="" type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input 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: 15903 SW Thrush Lane	
City/State/ZIP: Beaverton Oregon 97007	
Suite/bldg./apt. no.:	Project name: Westmont
Cross street/directions to job site:	
Subdivision: Westmont	Lot no.: 104
Tax map/parcel no.:	
DESCRIPTION OF WORK	
NSFR - 2730 AL	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: DR Horton	
Address: 4380 SW Macadam Ave STE 200	
City/State/ZIP: Portland Oregon 97239	
Phone: (503) 721-2393	Fax:
E-mail: esweeks@drhorton.com	
<input type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: SAME AS ABOVE	
Contact name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
CONTRACTOR	
Business name: SAME AS ABOVE	
Address:	
City/State/ZIP:	
Phone:	Fax:
CCB lic.:	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	375,120.00
Number of bedrooms:	5.4
Number of bathrooms:	3
Total number of floors:	2
New dwelling area:	square feet 2748 2681
Garage/carport area:	square feet 369.465
Covered porch area:	square feet 115.144
Deck area:	square feet
Other structure area:	square feet

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

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

BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	1,512.43
Amount received	
Date received:	

Authorized signature:

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

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

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