

# 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: 07/29/2020	Permit No.: B2020-2701
Date Issued: 7-30-20	By: <i>ML</i>
Payment Type: <i>MC</i>	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input 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: 16044 Southwest Thrush Lane	
City/State/ZIP: Beaverton, OR 97007	
Suite/bldg./apt. no.:	Project name: Stacy
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
PV ROOF MOUNT      12.24 KW PV + battery storage	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Jordan Stacy	
Address: 16044 Southwest Thrush Lane	
City/State/ZIP: Beaverton, OR 97007	
Phone:	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: SolarCity Corp.	
Contact name: Melissa Farias	
Address: 6132 NE 112th Ave	
City/State/ZIP: Portland OR 97220	
Phone: (503) 894-6903	Fax:
E-mail: <del>XXXXXXXXXXXX</del> Melissa.Farias@SolarCity.com      Celmore@tesla.com	
CONTRACTOR	
Business name: SolarCity Corp.	
Address: 6132 NE 112th Ave	
City/State/ZIP: Portland OR 97220	
Phone: (503) 894-6903	Fax:
CCB lic.: 180498	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$40,034
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: <i>Mfarias</i>	Date:
Print name: Melissa Farias	7/28/2020

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

RECEIVED

#### OFFICE USE ONLY

Date Received: 07/23/2020	Permit No.: B2020-2622
Date Issued: 7-31-20	By: <i>AK</i>
CITY OF BEAVERTON BUILDING DIVISION	
	Payment Type: <i>VISA</i>

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 10105 SW Shearwater Loop	
City/State/ZIP: Beaverton, OR 97007	
Suite/bldg./apt. no.:	Project name: Bathroom
Cross street/directions to job site: Weir Road	
Subdivision:	Lot no.: 542
Tax map/parcel no.: 1S132BA0430	
DESCRIPTION OF WORK	
Turning existing storage room into bathroom by building walls.	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Ruby Montelongo	
Address: 10105 SW Shearwater Loop	
City/State/ZIP: Beaverton, OR 97007	
Phone: (971) 533-0830	Fax:
E-mail: kim@beavertonautobody.com	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name:	
Contact name: Kevin Anderson	
Address: 10105 SW Shearwater Loop	
City/State/ZIP: Beaverton, OR 97007	
Phone: (503) 432-0103	Fax:
E-mail: kim@beavertonautobody.com	
CONTRACTOR	
Business name: Work being done by homeowner	
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	\$2,000
Number of bedrooms:	
Number of bathrooms:	1
Total number of floors:	
New dwelling area:	140 square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate 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:	

Authorized signature: *Kevin Anderson*

Print name: *Kevin Anderson* Date: *7-31-2020*

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\* 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 4756  
 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>7-23-20</b>	Permit No.: <b>B2020-2635</b>
Date Issued: <b>07/23/2020</b>	By: <i>[Signature]</i>
Payment Type: <b>VISA</b>	

**CITY OF BEAVERTON  
 BUILDING DIVISION**

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input checked="" type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: <b>17020 SW Whitley Way</b>	
City/State/ZIP: <b>Beaverton, OR 97006</b>	
Suite/bldg./apt. no.: <b>South</b>	Project name: <b>Meridian Village South Building</b>
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Tear-off existing roof and install New Johns Manville TPO Roofing system.	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: <b>The Management Trust</b>	
Address: <b>P.O. Box 23099, #120</b>	
City/State/ZIP: <b>Tigard, OR 97281</b>	
Phone: <b>(503) 670-8111 ext. 5222</b> Fax:	
E-mail: <b>madison.castillo@managementtrust.com</b>	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: <b>Carlson Roofing Company, Inc.</b>	
Contact name: <b>Marina Olekas</b>	
Address: <b>P.O. Box 11695, 550 SW Maple Street</b>	
City/State/ZIP: <b>Hillsboro, OR 97123</b>	
Phone: <b>(503) 840-1575</b>	Fax: <b>(503) 640-2122</b>
E-mail: <b>marina@carlsonroof.com</b>	
CONTRACTOR	
Business name: <b>Carlson Roofing Company, Inc.</b>	
Address: <b>P.O. Box 11695, 550 SW Maple Street</b>	
City/State/ZIP: <b>Hillsboro, OR 97123</b>	
Phone: <b>(503) 840-1575</b>	Fax: <b>(503) 640-2122</b>
CCB lic.: <b>1596816</b>	
Authorized signature: <i>[Signature]</i>	
Print name: <b>Marina Olekas</b>	Date: <b>7/23/20</b>

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	<b>\$41,972.00</b>
Existing building area:	<b>2000</b> square feet
New building area:	square feet
Number of stories:	<b>3</b>
Type of construction:	<b>Roof Replacement</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	<b>\$879.63</b>
Amount received	
Date received:	

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



## Building Permit Application

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

### OFFICE USE ONLY

Date Received: 7-24-20	Permit No.: B2020-2654
Date Issued: 7-24-20	By: ME
	Payment Type: ME

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input checked="" type="checkbox"/> Other: ReRoof
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: 10059 SW Nimbus Ave	
City/State/ZIP: Beaverton / OR / 97008	
Suite/bldg./apt. no.:	Project name: Pacific Place Center
Cross street/directions to job site: Nimbus Ave / Hwy 210	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Cover over existing BUR w/ Poly Separation Sheeting and attach GAF 60 mil TPO Single Ply Membrane in white	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Columbia Commercial Properties / Keenan Boyle	
Address: PO Box 46	
City/State/ZIP: West Linn / OR / 97068	
Phone: (503) 522-8581	Fax:
E-mail: keenan@columbiacommercial.com	
<input type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: Interstate Roofing	
Contact name: Juan Lopez	
Address: 15065 SW 74th Ave	
City/State/ZIP: Portland / OR / 97224	
Phone: (503) 349-5636	Fax:
E-mail: jlopez@interstateroofing.com	
CONTRACTOR	
Business name: Interstate Roofing	
Address: 15065 SW 74th Ave	
City/State/ZIP: Portland / OR / 97224	
Phone: (503) 684-5611	Fax: (503) 639-3056
CCB lic.: 55485	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate 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	\$144,115
Existing building area:	28,000 square feet
New building area:	28,000 square feet
Number of stories:	1
Type of construction:	eRoof
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	
Amount received	
Date received:	

Authorized signature:	Date:
Print name: Terri Brown	07/25/20

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

B0# 249-589-933

OFFICE USE ONLY	
Date Received: 07/06/2020	Permit No.: B2020-2322
Date Issued: 7-27-20	By: <i>HL</i>
CITY OF BEAVERTON BUILDING DIVISION	
Payment Type: <i>VISA</i>	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input 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: 12600 SW Crescent St	
City/State/ZIP: Beaverton OR 97005	
Suite/bldg./apt. no.: 100	Project name: Clover and Booch LLC
Cross street/directions to job site: Rose Biggi	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Adding walk in cooler, sinks, cabinetry and new flooring. Add 230V electric, and relocate some existing electrical. Changing use to "restaraunt and retail"	
<input type="checkbox"/> PROPERTY OWNER	<input checked="" type="checkbox"/> TENANT
Name: Damree Jacoshenk	
Address: 5280 SW 165th Ave	
City/State/ZIP: Beaverton OR 97007	
Phone: (503) 381-7937	Fax:
E-mail: cloverandbooch@gmail.com	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Clover and Booch LLC	
Contact name: Damree Jacoshenk	
Address: 12600 SW Crescent St STE 100	
City/State/ZIP: Beaverton OR 97005	
Phone: (503) 381-7937	Fax:
E-mail: cloverandbooch@gmail.com	
CONTRACTOR	
Business name: Top Shelf Construction Services, INC	
Address: 5280 SW 165th Ave	
City/State/ZIP: Beaverton OR 97007	
Phone: (503) 267-7277	Fax:
CCB lic.: 207537	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate 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	20000
Existing building area:	808 square feet
New building area:	square feet
Number of stories:	1
Type of construction:	General, plumbing, electrical
Occupancy groups:	
Existing:	Office
New:	Restaraunt/retail
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. 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:	
Print name:	Date:
Damree Jacoshenk	07/06/20

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

RECEIVED

OFFICE USE ONLY	
Date Received: 03/26/2020	Permit No.: B2020-1132
Date Issued: 7-27-20	By: JK
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 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: 3211 SW Cedar Hills Blvd.	
City/State/ZIP: Beaverton, OR 97005	
Suite/bldg./apt. no.:	Project name: Oswego Grill Remodel
Cross street/directions to job site: On SW Cedar Hills Blvd. Just south of SW Fairfield St.	
Subdivision:	Lot no.:
Tax map/parcel no.: 1S1090000 200	
DESCRIPTION OF WORK	
OTC Permit for interior demo and tenant improvement work only. Project is currently in for DR under permit number DR2020-030 and that work will be covered in a future permit.	
<input type="checkbox"/> PROPERTY OWNER	<input checked="" type="checkbox"/> TENANT
Name: Crossroads Restaurant Group	
Address: 25195 SW Parkway Ave	
City/State/ZIP: Wilsonville, OR 97070	
Phone: (503) 682-1003	Fax:
E-mail: bgabriel@crossroadsrestaurants.com	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: Woodblock Architecture	
Contact name: Tyler Miller	
Address: 827 SW 2nd Ave #300	
City/State/ZIP: Portland, OR 97204	
Phone: (503) 889-0604	Fax:
E-mail: tyler@wblock.com	
CONTRACTOR	
Business name: JE John Construction	
Address: 1701 SE Columbia River Dr	
City/State/ZIP: Vancouver, WA 98661	
Phone: (503) 283-5365	Fax:
CCB lic.: 63261	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate 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	\$250,000
Existing building area:	8220 square feet
New building area:	0 square feet
Number of stories:	1
Type of construction:	V-B
Occupancy groups:	
Existing:	A-2, F, B
New:	A-2, F, B

**NOTICE**

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

BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	\$2,544.19
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: Tyler Miller	03/23/20



# Building Permit Application

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

OFFICE USE ONLY	
Date Received: 07/17/2020	Permit No.: B2020-2509
Date Issued: 7-27-20	By: JKL
CITY OF BEAVERTON BUILDING DIVISION	
Payment Type: NISA	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input checked="" type="checkbox"/> Other: Car Impact Damage Repair
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 75 NW 180th Avenue	
City/State/ZIP: Beaverton, Oregon 97006	
Suite/bldg./apt. no.:	Project name:
Cross street/directions to job site:	
Subdivision:	Lot no.: 02300
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Repair west and south exterior wall from vehicle impact damage.	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Bachelor	
Address: 75 NW 180th Avenue	
City/State/ZIP: Beaverton, Oregon 97006	
Phone: (503) 989-8348	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Benthin Design Group LLC	
Contact name: Scott Benthin	
Address: PO Box 42	
City/State/ZIP: Beaver Creek, Oregon 97004	
Phone: (503) 632-2862	Fax:
E-mail: scott@bendg.com	
CONTRACTOR	
Business name: Fire Industry Restoration Experts (F.I.R.E.)	
Address: PO Box 2133	
City/State/ZIP: Oregon City, Oregon 97045	
Phone: (503) 305-7285	Fax:
CCB Lic.: 200128	
Authorized signature:	
Print name: SCOTT BENTHIN	Date: 7-13-2020

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	\$12,500.00
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	\$160.97
Amount received	
Date received:	

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

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



### Building Permit Application

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

OFFICE USE ONLY	
Date Received: 07/17/2020	Permit No.: B2020-2504
Date Issued: 7-27-20	By: <i>AK</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 checked="" type="checkbox"/> Other: Car Impact Damage Repair
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 55 NW 180th Avenue	
City/State/ZIP: Beaverton, Oregon 97006	
Suite/bldg./apt. no.:	Project name:
Cross street/directions to job site:	
Subdivision:	Lot no.: 02400
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Repair north exterior wall and interior wall between bedrooms from a vehicle impact damage.	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Larson	
Address: 55 NW 180th Avenue	
City/State/ZIP: Beaverton, Oregon 97006	
Phone: (503) 989-8348	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Benthin Design Group LLC	
Contact name: Scott Benthin	
Address: PO Box 42	
City/State/ZIP: Beavercreek, Oregon 97004	
Phone: (503) 632-2862	Fax:
E-mail: scott@bendg.com	
CONTRACTOR	
Business name: Fire Industry Restoration Experts (F.I.R.E.)	
Address: PO Box 2133	
City/State/ZIP: Oregon City, Oregon 97045	
Phone: (503) 306-7285	Fax:
CCB Lic.: 200128	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$14,250.00
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	\$175.59
Amount received	
Date received:	

Authorized signature: <i>Scott Benthin</i>	Date: 7-13-2020
Print name: SCOTT BENTHIN	

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

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

Form B70-1001 REV 11/19



# Building Permit Application

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

OFFICE USE ONLY	
Date Received: 07/16/2020	Permit No. B2020-2487
Date Issued: 7-27-20	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 bulder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: <i>9470 SW Galena Way</i>	
City/State/ZIP: <i>Beaverton, OR 97007</i>	
Suite/bldg./apt. no.:	Project name: <i>GROSS</i>
Cross street/directions to job site: <i>SW Breccia Dr.</i>	
Subdivision:	Lot no.:
Tax map/parcel no.: <i>15129CA02300</i>	
DESCRIPTION OF WORK	
<i>Replace Existing Deck &amp; add Hot Support</i>	
<input type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: <i>Nick Gross</i>	
Address: <i>9470 SW Galena Way</i>	
City/State/ZIP: <i>Beaverton, OR 97007</i>	
Phone: <i>503-312-3137</i>	Fax:
E-mail: <i>da.gross@gmail.com</i>	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: <i>Ricks Custom Fencing</i>	
Contact name: <i>Steve Rutledge</i>	
Address: <i>4543 S.E. T.V. Hwy</i>	
City/State/ZIP: <i>Hillsboro, OR 97123</i>	
Phone: <i>503-992-6879</i>	Fax:
E-mail: <i>Steve.Rutledge@Ricksfencing.com</i>	
CONTRACTOR	
Business name: <i>RICKS</i>	
Address:	
City/State/ZIP:	
Phone:	Fax:
CCB lic.: <i>50088</i>	
Authorized signature: <i>[Signature]</i>	Date: <i>7-15-2020</i>
Print name: <i>Steve Rutledge</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>15,000.00</i>
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 <i>288</i>
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate 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	\$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

### 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: 07/20/2020	Permit No.: B2020-2272
Date Issued: 7-28-20	By: <i>JK</i>
	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: Club house
JOB SITE INFORMATION AND LOCATION	
Job site address: 16201 ne Schendel ave.	
City/State/ZIP: Beaverton, Or, 97201	
Suite/bldg./apt. no.: Club house	Project name: Hunter Run apartments
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Removal of existing cladding and replacing New cedar, replacing existing windows with new vinyl windows	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Hr investments	
Address: 225 Arizona Ave. penthouse east Santa Monica Ca, 90401	
City/State/ZIP: Santa monica Ca, 90401	
Phone:	Fax:
E-mail:	
<input type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Pacific exteriors nw	
Contact name: Cory wilson	
Address: 303 east 16th st. Suite 210	
City/State/ZIP: Vancouver, washington 98663	
Phone: 360-904-7892	Fax:
E-mail: cory@pacificexteriorsnw.com	
CONTRACTOR	
Business name: Pacific exteriors nw	
Address: 303 east 16th st. Suite 210	
City/State/ZIP: Beaverton, Or, 97201	
Phone: 360-904-7892	Fax:
CCB lic.: 215897	215897
Authorized signature: <i>Cory Wilson</i>	
Print name: Cory wilson	Date: Jun 18, 2020

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number. of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$105,000.00
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



## 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: 07/27/2020	Permit No.: B2020-2671
Date Issued: 7-28-20	By: <i>[Signature]</i>
Payment Type:	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master bulder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 17885 NW Evergreen Parkway	
City/State/ZIP: Beaverton, OR 97006	
Suite/bldg./apt. no.:	Project name: Tanasbourne LL Space
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Add pendants for tenant improvement.	
<input type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
<input type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Red Hawk Fire Protection	
Contact name: August Hoffman	
Address: 3801 NW Fruit Valley Road	
City/State/ZIP: Vancouver, WA 98660	
Phone: (360) 984-3712	Fax:
E-mail: augusth@redhawkfp.com	
CONTRACTOR	
Business name: Red Hawk Fire Protection	
Address: 3801 NW Fruit Valley Road	
City/State/ZIP: Vancouver, WA 98660	
Phone: (360) 984-3712	Fax:
CCB lic.: 219157	

Authorized signature: <i>[Signature]</i>	Date:
Print name: August Hoffman	07/22/20

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	2,800
Existing building area:	~1368 square feet
New building area:	square feet
Number of stories:	1
Type of construction:	Alteration
Occupancy groups:	Light Hazard
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	\$206.11
Amount received	
Date received:	

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

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

RECEIVED

6/19/2020

CITY OF BEAVERTON  
BUILDING DIVISION

Building Permit Application

Community Development Department  
Building Division

12725 SW Millikan Way / PO Box 4755  
Beaverton, OR 97076

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



OFFICE USE ONLY	
Date Received:	Permit No.: B2020-2166
Date Issued: 7-25-20	By: JWL
	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 bulder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 17434 SW Condor Lane	
City/State/ZIP: BEAVERTON, OR	
Sulte/bldg./apt. no.:	Project name: SOUTH COOPER MT.
Cross street/directions to job site:	
Subdivision: SOUHT COOPER MT	Lot no.: 191
Tax map/parcel no.:	
DESCRIPTION OF WORK	
NEW HOME	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: SK HOFF CONSTRUCTIO	
Address: 735 SW 158TH AVE	
City/State/ZIP: BEAVERTON ,OR, 97006	
Phone: (503) 319-6963	Fax: (503) 641-7661
E-mail: sguerrero@arborhomes.com	
<input type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: SK HOFF CONSTRUCTION	
Contact name: SANDRO GUERRERO	
Address: 735 SW 158TH AVE	
City/State/ZIP: BEAVERTON , OR 97006	
Phone: (503) 319-6963	Fax: (503) 641-7661
E-mail:	
CONTRACTOR	
Business name: SK HOFF CONSTRUCTION	
Address: 735 SW 158TH AVE	
City/State/ZIP: BEAVERTON , OR 97006	
Phone: (503) 641-7342	Fax: (503) 641-7661
CCB lic.: 121987	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	3
Number of bathrooms:	2-1/2
Total number of floors:	2
New dwelling area:	square feet 2334
Garage/carport area:	square feet 407
Covered porch area:	square feet 125
Deck area:	square feet 181
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	2
Type of construction:	SINGLE FAMILY
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	
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: Sandro Guerrero	06/19/20

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6/19/2020

Building Permit Application

CITY OF BEAVERTON

BUILDING DIVISION

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



REV 20-290

OFFICE USE ONLY

Date Received:	Permit No.: B2020-2168
Date Issued: 7-28-20	By:
	Payment Type:

TYPE OF WORK	
<input checked="" type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input 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: 17422 SW Condor Lane	
City/State/ZIP: BEAVERTON, OR	
Suite/bldg./apt. no.:	Project name: SOUTH COOPER MT.
Cross street/directions to job site:	
Subdivision: SOUHT COOPER MT	Lot no.: 192
Tax map/parcel no.:	
DESCRIPTION OF WORK	
NEW HOME	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: SK HOFF CONSTRUCTIO	
Address: 735 SW 158TH AVE	
City/State/ZIP: BEAVERTON ,OR, 97006	
Phone: (503) 319-6963	Fax: (503) 641-7661
E-mail: sguerrero@arborhomes.com	
<input type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: SK HOFF CONSTRUCTION	
Contact name: SANDRO GUERRERO	
Address: 735 SW 158TH AVE	
City/State/ZIP: BEAVERTON , OR 97006	
Phone: (503) 319-6963	Fax: (503) 641-7661
E-mail:	
CONTRACTOR	
Business name: SK HOFF CONSTRUCTION	
Address: 735 SW 158TH AVE	
City/State/ZIP: BEAVERTON , OR 97006	
Phone: (503) 641-7342	Fax: (503) 641-7661
CCB lic.: 121987	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	312,284
Number of bedrooms:	3
Number of bathrooms:	2-1/2
Total number of floors:	2
New dwelling area:	square feet 2334
Garage/carport area:	square feet 407
Covered porch area:	square feet 125
Deck area:	square feet 181
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	2
Type of construction:	SINGLE FAMILY
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	
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: Sandro Guerrero	06/19/20



### Building Permit Application

Community Development Department, Building Division  
 City of Beaverton  
 12725 SW Millikan Way / PO Box 4765  
 Beaverton, OR 97078  
 Phone: (503) 520-2403; Fax: (503) 520-2650  
 www.BeavertonOregon.gov/blb

OFFICE USE ONLY	
Date Received: 06/23/2020	Permit No.: B2020-2151
Date Issued: 7-28-20	By: <i>ML</i>
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: 7880 SW 135th Ave	
City/State/ZIP: Beaverton/ OR/ 97008	
Suite/bldg./apl. no.:	Project name:
Cross street/directions to job site: SW Barberrry Drive Address is on the northeast corner of SW Barberrry Dr and SW 135th Ave	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Replacing existing deck with 264 sf of new decking and 7 steps	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Denise Vodnik	
Address: 7880 SW 135th Ave	
City/State/ZIP: Beaverton/ OR/ 97008	
Phone: 5038091775	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: Adrian's Quality Fencing & Decks	
Contact name: Corey Niemela	
Address: 3115 SW 211th Ave	
City/State/ZIP: Beaverton/ OR/ 97003	
Phone: 971-267-6711	Fax:
E-mail: info@adrians.com	
CONTRACTOR	
Business name: Adrian's Quality Fencing & Decks	
Address: 3115 SW 211th Ave	
City/State/ZIP: Beaverton/ OR/ 97003	
Phone: 503-848-8233	Fax: 503-848-8721
CCB lic.: 64660	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$9000
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:	264 square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	162.16
Amount received	
Date received:	

Authorized signature: *Corey Niemela* Date: 6/23/20

Print name:	Date:
Corey Niemela	6/23/2020

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

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



### Building Permit Application

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

OFFICE USE ONLY	
Date Received: 07/13/2020	Permit No.: B2020-2436
Date Issued: 7-28-20	By: <i>W</i>
	Payment Type: <i>Visa</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: 6600 SW 111th Ave.	
City/State/ZIP: Beaverton, 97008	
Suite/bldg./apt. no.:	Project name: Graybar TI
Cross street/directions to job site: SW 111th is off of Denny Road	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Minor tenant improvements including the widening of one existing exterior overhead door and the adjacent existing ramp. Some minor alterations of the Will Call area of the warehouse including new cabinets and new interior doorway to warehouse	
<input type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Graybar Electric Company	
Address: 34 N. Meramec Ave.	
City/State/ZIP: Clayton, MO. 63105-3874	
Phone:	Fax:
E-mail: John.quinn@graybar.com	
<input type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: 5REHUW (YHQVRQ \$VVRFLDWHV DU	
Contact name: Bob Evenson, AIA	
Address: 5319 SW Westgate Drive, Suite 133	
City/State/ZIP: Portland OR 97221	
Phone: 503-221-0890	Fax:
E-mail: bob@evensonarchitects.com	
CONTRACTOR	
Business name: Abbott Construction	
Address: 307 SE Hawthorne Blvd.	
City/State/ZIP: Portland, OR 97214	
Phone: 503-213-4033	Fax:
CCB lic.: 54656	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate 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	\$160,000
Existing building area:	52,638 square feet
New building area:	52638 square feet
Number of stories:	1 and 2 stories
Type of construction:	Type III B sprinklered
Occupancy groups:	
Existing:	S-1 Storage, B Offices
New:	S-1 Storage, B Offices
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	\$1,856.95
Amount received	
Date received:	

Authorized signature:

Print name:	Date:
Robert Evenson	7/10/2020

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



### Building Permit Application

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

OFFICE USE ONLY	
Date Received: 07/28/2020	Permit No.: B2020-2682
Date Issued: 7-29-20	By: <i>ML</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: 15350 SW Peppermill Ct	
City/State/ZIP: Beaverton, OR 97007	
Suite/bldg./apt. no.:	Project name: Scullion Solar System
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
4.55kW rooftop solar pv system. (14) Panasonic 325 modules (1) SolarEdge3800 inverter. IronRidge racking system	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Roger Scullion	
Address: 15350 SW Peppermill Ct	
City/State/ZIP: Beaverton, OR 97007	
Phone: (503) 227-3720	Fax:
E-mail: rogerscu105@gmail.com	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: Sunbridge Solar	
Contact name: Haley Polk	
Address: 421 C St Unit 5A	
City/State/ZIP: Washougal, WA 98671	
Phone: (971) 325-4164	Fax:
E-mail: haley@sunbridgesolar.com	
CONTRACTOR	
Business name: Sunbridge Solar	
Address: 421 C St Unit 5A	
City/State/ZIP: Washougal, WA 98671	
Phone: (971) 325-4164	Fax:
CCB lic.: 189787	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate 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:	
<b>CITY OF BEAVERTON</b>	
<b>AFFIDAVIT</b>	
PERMIT #: <b>B2020-2682</b>	
ISSUED BY: <b>CL</b>	
DATE: <b>7/28/2020</b>	
BUILDING PERMIT FEES*	
<i>Please refer to fee schedule</i>	
Fees due upon application	\$128.80
Amount received	
Date received:	

Authorized signature: *Haley Polk*

Print name: Haley Polk	Date: 07/24/20
------------------------	----------------

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

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

Form B70-1001 REV 11/19



### Building Permit Application

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

OFFICE USE ONLY	
Date Received: 07/21/2020	Permit No.: B2020-2542
Date Issued: 7/21/2020	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 checked="" type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input checked="" type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 3280 SW 170th ave	
City/State/ZIP: Beaverton Or, 97003	
Suite/bldg./apt. no.: 12, 13, 14, 15, 16, 17, 18	Project name: RE-Roof
Cross street/directions to job site: T.V. hwy	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Remove existing roofing. Provide 1/2 cdx plywood over skip sheathing using 3 1/4" nails to penetrate framing member. Install composition Roofing, underlayment, Flashing	
<input type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: security properties	
Address: 707 5th Ave, Suite 5700	
City/State/ZIP: Seattle WA 98104	
Phone:	Fax:
E-mail:	
<input type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Morrison Construction LLC	
Contact name: Sean Wagner	
Address: 15316 SW peachtree dr.	
City/State/ZIP: Tigard, OR 97224	
Phone:-	Fax:
E-mail: sean@morrisonconstructionllc.com	
CONTRACTOR	
Business name: Morrison Construction LLC	
Address: 15316 SW peachtree dr.	
City/State/ZIP: Tigard, OR 97224	
Phone:	Fax:
CCB lic.: 189900	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	40,000
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	RE-ROOF
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	\$852.48
Amount received	
Date received:	

Authorized signature:	Date:
Print name: Sean Wagner	07/14/20

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

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

Form B70-1001 REV 11/19



### Building Permit Application

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

OFFICE USE ONLY	
Date Received: 07/21/2020	Permit No.: B2020-2541
Date Issued: 7/21/2020	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:
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: 3280 sw 170th ave	
City/State/ZIP: Beaverton Or, 97003	
Suite/bldg./apt. no.: 12, 13, 14, 15, 16, 17, 18	Project name: RE-Roof
Cross street/directions to job site: T.V. hwy	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Remove existing roofing. Provide 1/2 cdx plywood over skip sheathing using 3 1/4" nails to penetrate framing member. Install composition Roofing, underlayment, Flashing	
<input type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: security properties	
Address: 707 5th Ave, Suite 5700	
City/State/ZIP: Seattle WA 98104	
Phone:	Fax:
E-mail:	
<input type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Morrison Construction LLC	
Contact name: Sean Wagner	
Address: 15316 SW peachtree dr.	
City/State/ZIP: Tigard, OR 97224	
Phone:-	Fax:
E-mail: sean@morrisonconstructionllc.com	
CONTRACTOR	
Business name: Morrison Construction LLC	
Address: 15316 SW peachtree dr.	
City/State/ZIP: Tigard, OR 97224	
Phone:	Fax:
CCB lic.: 189900	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	40,000
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	RE-ROOF
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	\$852.48
Amount received	
Date received:	

Authorized signature:	Date:
Print name: Sean Wagner	07/14/20

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

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

Form B70-1001 REV 11/19



### Building Permit Application

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

OFFICE USE ONLY	
Date Received: 07/21/2020	Permit No.: B2020-2543
Date Issued: 7/21/2020	BM
CITY OF BEAVERTON BUILDING DIVISION	
Payment Type:	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input checked="" type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input checked="" type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 3280 sw 170th ave	
City/State/ZIP: Beaverton Or, 97003	
Suite/bldg./apt. no.: 12,13,14,15,16,17,18	Project name: RE-Roof
Cross street/directions to job site: T.V. Hwy	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Remove existing roofing. Provide 1/2 cdx plywood over skip sheathing using 3 1/4" nails to penetrate framing member. Install composition Roofing, underlayment, Flashing	
<input type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: security properties	
Address: 707 5th Ave, Suite 5700	
City/State/ZIP: Seattle WA 98104	
Phone:	Fax:
E-mail:	
<input type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Morrison Construction LLC	
Contact name: Sean Wagner	
Address: 15316 SW peachtree dr.	
City/State/ZIP: Tigard, OR 97224	
Phone:-	Fax:
E-mail: sean@morrisonconstructionllc.com	
CONTRACTOR	
Business name: Morrison Construction LLC	
Address: 15316 SW peachtree dr.	
City/State/ZIP: Tigard, OR 97224	
Phone:	Fax:
CCB lic.: 189900	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	40,000
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	RE-ROOF
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	\$852.48
Amount received	
Date received:	

Authorized signature:	Date:
Print name: Sean Wagner	07/14/20

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

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

Form B70-1001 REV 11/19



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

OFFICE USE ONLY	
Date Received: 7/27/2020	Permit No.: B2020-0249
Date Issued: [Signature]	Payment Type:

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input checked="" type="checkbox"/> Other: Telecommunication
JOB SITE INFORMATION AND LOCATION	
Job site address: 7475 SW Oleson Rd	
City/State/ZIP: Beaverton, OR 97006	
Suite/bldg./apt. no.:	Project name: AT&T PT78
Cross street/directions to job site: Cross street - SW Garden Home Rd Tower located in SW of parcel	
Subdivision:	Lot no.:
Tax map/parcel no.: 1S124DB01800	
DESCRIPTION OF WORK	
Replace (6) antennas and replace (3) RRUs with (6) RRUs on existing tower and remove accessory devices. Upgrade antenna mount.	
<input type="checkbox"/> PROPERTY OWNER	<input checked="" type="checkbox"/> TENANT
Name: Crown Castle for New Cingular Wireless PCS LLC ("AT&T Mobility")	
Address: 1505 Westlake Ave N Suite 800	
City/State/ZIP: Seattle WA 98109	
Phone:	Fax:
E-mail:	
<input type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: Lynx Consulting, Agent for Applicant Crown Castle	
Contact name: Jennifer Taylor	
Address: 17311 135th Ave NE Suite A-100	
City/State/ZIP: Woodinville WA 98072	
Phone: (206) 228-2127	Fax:
E-mail: jtaylor@lynxconsulting.org	
CONTRACTOR	
Business name: TBD ERICSSON INC	
Address: 6300 LEGACY DR	
City/State/ZIP: PLANO TX 45024	
Phone: 530-605-5765	Fax:
CCB lic.: 209384	

Authorized signature: [Signature]	Date: 7/17/2020
Print name: Jennifer Taylor	

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

REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$30,000.00
Existing building area:	n/a square feet
New building area:	n/a square feet
Number of stories:	0
Type of construction:	Telecommunications
Occupancy groups:	unoccupied
Existing:	telecommunications
New:	telecommunications

**NOTICE**

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

[Empty space for notice reasons]

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

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

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

# Building Permit Application



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

OFFICE USE ONLY	
Date Received: 03/30/2020	Permit No.: B2020-1172
Date Issued: 7/27/2020	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: 16130 SW Merlo Rd	
City/State/ZIP: Beaverton, OR	
Suite/bldg./apt. no.:	Project name: Tri-Met Station Chargers
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
709003-195 Add (6) new electric bus charging stations. Please reference permit B2018-4842 for PGE.	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Tri-Met	
Address: 4012 SE 17th Ave	
City/State/ZIP: Portland, OR 97202	
Phone:	Fax:
E-mail:	
<input type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: OEG, Inc.	
Contact name: Rob Wernli	
Address: 3200 NW Yeon Ave	
City/State/ZIP: Portland, OR 97210	
Phone: (503) 849-2588	Fax: (503) 234-1001
E-mail: laurel.semprevivogonzalez@oeg.us.com	
CONTRACTOR	
Business name: OEG, Inc.	
Address: 3200 NW Yeon Ave	
City/State/ZIP: Portland, OR 97210	
Phone: (503) 234-9900	Fax:
CCB lic.: 203	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate 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	41,171.00
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	
Amount received	
Date received:	

Authorized signature:	
Print name:	Date:
Mark Weinbender	03/26/20

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

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



## Building Permit Application

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

OFFICE USE ONLY	
Date Received: 07/20/2020	Permit No.: B2020-2522
Date Issued: 7/21/2020	Payment Type:

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input 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: 11575 Sw Clifford St.	
City/State/ZIP: Beaverton OR 97008	
Suite/bldg./apt. no.:	Project name: Contino 36280
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.: R196399	
DESCRIPTION OF WORK	
Encapsulate Crawlspace	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Walter Contino	
Address: 11575 SW Clifford St.	
City/State/ZIP: Beaverton OR 97008	
Phone: (503) 710-7571	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@terrafirmafs.com	
CONTRACTOR	
Business name: TerraFirma Foundation Systems	
Address: 13110 SW Wall St.	
City/State/ZIP: Tigard OR 97223	
Phone: (871) 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	\$3,585.36
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	\$260.97
Amount received	
Date received:	

Authorized signature: *Eronquillo*

Print name: Elenita Ronquillo	Date: 07/20/20
-------------------------------	----------------

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

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



# Building Permit Application

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

RECEIVED

## OFFICE USE ONLY

Date Received: 07/09/2020	Permit No.: B2020-2379
Date Issued: 7/22/2020	Payment Type:

CITY OF BEAVERTON  
 BUILDING DIVISION

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

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

Valuation	8000.00
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 186
Other structure area:	square feet

### REQUIRED DATA: COMMERCIAL-USE CHECKLIST

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

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

### NOTICE

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

### BUILDING PERMIT FEES\*

Please refer to fee schedule

Fees due upon application	
Amount received	
Date received:	

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

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

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:	14220 SW Yearling Way
City/State/ZIP:	Beaverton, Or. 97008
Suite/bldg./apt. no.:	Project name: Cummins
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	15128BC02200
DESCRIPTION OF WORK	
Replace Existing Deck Like for Like	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name:	Jorgine Cummings
Address:	14220 SW Yearling way
City/State/ZIP:	Beaverton, Or. 97008
Phone:	503-524-8247
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name:	Rick Custom Fencing
Contact name:	Steve Rutledge
Address:	4543 S.E. T.V. Hwy,
City/State/ZIP:	Hillsboro, Or 97123
Phone:	503-992-6879
E-mail:	Steve.Rutledge@RicksFencing.com
CONTRACTOR	
Business name:	Ricks Fencing
Address:	
City/State/ZIP:	
Phone:	
CCB lic.:	50088
Authorized signature:	<i>[Signature]</i>
Print name:	Steve Rutledge
Date:	7-7-2020



### Building Permit Application

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

OFFICE USE ONLY	
Date Received: 7-21-2020	Permit No.: B2020-2563
Date Issued: 7-21-20	By: <i>TK</i>
	Payment Type: <i>visa</i>

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 8505 SW Creekside Place	
City/State/ZIP: Beaverton, OR 97008	
Suite/bldg./apt. no.:	Project name: Rivermark CU
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Install Commercial Grade duro-Last Single Ply PVC Membrane Roof System to Go Over the Existing Roof System	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Rivermark Credit Union	
Address: 8505 SW Creekside Place	
City/State/ZIP: Beaverton, OR 97008	
Phone:	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Washington Roofing Company	
Contact name: Vickie Shopmeyer	
Address: 1700 SW Hwy 18	
City/State/ZIP: McMinnville, OR 97128	
Phone: (503) 472-7663	Fax: (503) 472-3394
E-mail: vickie@washingtonroofingcompany.com	
CONTRACTOR	
Business name: Washington Roofing Company	
Address: 1700 SW Hwy 18	
City/State/ZIP: McMinnville, OR 97128	
Phone: (503) 472-7663	Fax: (503) 472-3394
CCB lic.: 55201	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate 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	123573
Existing building area:	24,600 square feet
New building area:	24,600 square feet
Number of stories:	2
Type of construction:	ReRoof
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	
Amount received	
Date received:	

Authorized signature:

Print name:	Date:
Vickie Shopmeyer	

This permit application expires if a 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: 12/26/2019	Permit No.: B2019-5272
Date Issued: 1/21/2020	By:
Payment Type:	

TYPE OF WORK	
<input checked="" type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 2597 SW Cedar Hills Boulevard	
City/State/ZIP: Beaverton, OR 97005	
Suite/bldg./apt. no.:	Project name: CHC Lot 4 - Bldg 9
Cross street/directions to job site: SW Corner of SW Cedar Hills Blvd and SW Jenkins Road	
Subdivision:	Lot no.: 1S109AD03500
Tax map/parcel no.: MAP # 1S109AD	
DESCRIPTION OF WORK	
Construction of 10,948 SF cold shell retail building.	
PROPERTY OWNER / TENANT	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Mall 2, LLC	
Address: 1701 SE Columbia River Drive	
City/State/ZIP: Vancouver, WA 98661	
Phone: (360) 823-2779	Fax:
E-mail: sgarey@cejohn.com	
APPLICANT / CONTACT PERSON	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: GBD Architects, Incorporated	
Contact name: Matthew Bray	
Address: 1120 NW Couch Street, Suite #300	
City/State/ZIP: Portland, OR 97209	
Phone: (503) 224-9656	Fax:
E-mail: matthew@gbdarchitects.com	
CONTRACTOR	
Business name: James E. John Construction Co, Inc.	
Address: 1701 S.E. Columbia River Dr.	
City/State/ZIP: Vancouver, WA 98661	
Phone: (360) 750-0299	Fax:
CCB No.: 63261	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate 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	\$1,711,000
Existing building area:	square feet 0
New building area:	square feet 12,222
Number of stories:	1
Type of construction:	V-B
Occupancy groups:	A-2
Existing:	N/A
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*	
<i>Please refer to fee schedule</i>	
Fees due upon application	\$7,948.29
Amount received	
Date received:	

Authorized signature:	Date:
Print name: Matthew Bray- GBD Architects	12/20/19

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

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



# Building Permit Application

Community Development Department, Building Division  
 City of Beaverton  
 12725 SW Milikan Way / PO Box 4755  
 Beaverton, OR 97078  
 Phone: (503) 528-2403; Fax: (503) 528-2550  
 www.BeavertonOregon.gov/bib

OFFICE USE ONLY	
Date Received: 6/1/2020	Permit No.: B2020-1847
Date Issued: 7/20/2020	Payment Type:

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input 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: 16851 SW KOLDING LANE	
City/State/ZIP: BEAVERTON, OR 97007	
Suite/bldg./apt. no.:	Project name: BETTS
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
REPLACE EXISTING DECK, SAME FOOTPRINT	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: TESSA BETTS	
Address: 16851 SW KOLDING LANE	
City/State/ZIP: BEAVERTON, OR 97007	
Phone: (503) 505-0331	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: CREATIVE FORCES & DECKS - MICHAEL AYWARD	
Contact name: 23300 SW STAFFORD HILL DR	
Address: WEST LINN, OR 97068	
City/State/ZIP:	
Phone: (503) 929-1921	Fax:
E-mail: mcaulward@gmail.com	
CONTRACTOR	
Business name: CREATIVE FORCES & DECKS	
Address: 23300 SW STAFFORD HILL DR	
City/State/ZIP: WEST LINN OR 97068	
Phone: (503) 969-8850	Fax:
CCEI lic.:	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area: <del>4768</del>	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area: 500	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation 40,000	
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*	
Phase refer to fee schedule	
Fee due upon application	476.80
Amount received	
Date received:	

Authorized signature:	
Print name: MICHAEL AYWARD	Date: 5/19/20

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

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



### Building Permit Application

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

OFFICE USE ONLY	
Date Received: 02/24/2020	Permit No.: B2020-0670
Date Issued: 1/20/2020	By: [Signature]
Payment Type:	

TYPE OF WORK	
<input checked="" type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master bullder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 4605 SW Main St	
City/State/ZIP: Beaverton, OR 97005	
Suite/bldg./apt. no.:	Project name: Mary Ann Apartments
Cross street/directions to job site: SW Stott Ave	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
An automatic fire protection system will be installed utilizing an addressable control panel. This will provide for monitoring of sprinkler control valves, flow switches, a single pull station in the riser room, and an annunciator keypad at the main entrance.	
<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: Fire Protection Services Inc.	
Contact name: David Phipps	
Address: 9950 SW Arctic Drive	
City/State/ZIP: Beaverton Oregon 97005	
Phone: (503) 590-3732	Fax: (503) 628-6214
E-mail: fire2112@ymail.com	
CONTRACTOR	
Business name: Fire Protection Services Inc.	
Address: 9950 SW Arctic Drive	
City/State/ZIP: Beaverton Oregon 97005	
Phone: (503) 590-3732	Fax: (503) 628-6214
CCB lic.: 154333	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate 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	23700
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	total due \$ 299.45
Date received:	

Authorized signature: [Signature]	Date:
Print name: DAVID PHIPPS	02/21/20

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

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

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: 7/20/2020	Permit No: B2020-2518
Date Issued: 7/20/2020	Payment Type:

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 2180 SW 170th Ave	
City/State/ZIP: Beaverton OR 97003	
Suite/bldg /apt. no.:	Project name: Beaverton SD
Cross street/directions to job site: SW merlo rd	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Re-roof (overlay)	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Beaverton SD	
Address: Same	
City/State/ZIP: Beaverton OR 97003	
Phone:	Fax:
E-mail: jshurp@carland.com	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: Progressive Roofing	
Contact name: Marcus Sandvig	
Address: 13021 NE David Blvd	
City/State/ZIP: Portland OR 97230	
Phone: 903 507-5426	Fax:
E-mail: marcus.sandvig@progressiveroofing.com	
CONTRACTOR	
Business name: Same as above	
Address:	
City/State/ZIP:	
Phone:	Fax:
CCB lic: 189087	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate 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 163300.00	
Existing building area:	11,800 square feet
New building area:	11,400 square feet
Number of stories:	1
Type of construction:	Re-roof
Occupancy groups:	A
Existing:	X - Re-roof
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	\$2,123.82
Amount received	
Date received:	

Authorized signature:	Date: 7/9/20
Print name: Marcus Sandvig	

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

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

Form B70-1001 REV 11/19

# Building Permit Application



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

OFFICE USE ONLY	
Date Received: 7-9-2020	Permit No.: B2020-2386
Date Issued: 7-16-20	By: <i>JUL</i>
	Payment Type: <i>visa</i>

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 17885 NW Evergreen Parkway	
City/State/ZIP: Beaverton, OR 97006	
Suite/bldg./apt. no.: 200	Project name: TCP II LAST
Cross street/directions to job site: 2nd floor of MOB located above the corner of NW Cornell and NE Evergreen PKWY	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Shell improvements of 1,322 SF for showing shell space to potential tenants.	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Good Old Boys III, LLC.	Contact: Dr. David Spangler
Address: 17895 NW Evergreen Parkway, Suite 100	
City/State/ZIP: Beaverton, OR 97006	
Phone: (503) 533-0770	Fax:
E-mail: drspanky2@juno.com	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: Soderstrom Architects	
Contact name: Chuck Westerholm	
Address: 1200 NW Naito Parkway, Suite 410	
City/State/ZIP: Portland, OR 97209	
Phone: (503) 228-5617	Fax:
E-mail: chuckw@sdra.com	
CONTRACTOR	
Business name: Swinerton Builders	
Address: 342 SW Second Avenue	
City/State/ZIP: Portland, OR 97204	
Phone: (503) 381-4511	Fax:
CCB lic.: 784834	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$25,000
Existing building area:	square feet 24,930
New building area:	square feet 0
Number of stories:	2
Type of construction:	VB
Occupancy groups:	B- Occupancy
Existing:	B- Occupancy
New:	B- Occupancy
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	\$574.24
Amount received	
Date received:	

Authorized signature: <i>C. Westerholm</i>	Date:
Print name: Charles L Westerholm	07/08/20

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

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



### Building Permit Application

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: 07/14/2020	Permit No.: B2020-2455
Date Issued: 7-16-20	By: <i>TK</i>
Payment Type: <i>visa</i>	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input checked="" type="checkbox"/> Other: Repair
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 14080 SW Maverick Court	
City/State/ZIP: Beaverton, OR 97008	
Suite/bldg./apt. no.:	Project name: Roof repair
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Repair portion of the existing roof structure	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Bill & Arlinda Dickson	
Address: 14080 SW Maverick Court	
City/State/ZIP: Beaverton, OR 97008	
Phone: (503) 784-6933	Fax:
E-mail: billd365@live.com	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Homebuilders, LLC	
Contact name: Toni Dandreamatteo	
Address: 16534 NW Audrey Dr	
City/State/ZIP: Beaverton, OR 97006	
Phone: (971) 713-0075	Fax:
E-mail: homebuilders.pdx@gmail.com	
CONTRACTOR	
Business name: Homebuilders, LLC	
Address: 16534 NW Audrey Dr	
City/State/ZIP: Beaverton, OR 97006	
Phone: (971) 713-0075	Fax:
CCB lic.: 224608	
Authorized signature: <i>Toni Dandreamatteo</i>	Date:
Print name: Toni Dandreamatteo	Date: 06/13/20

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	22000
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	\$226.74
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

# Building Permit Application

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



RECEIVED

OFFICE USE ONLY	
Date Received: <b>10/9/2019</b>	Permit No.: B2019-4224
Date Issued: <b>11/6/2020</b>	<i>[Signature]</i>
<b>CITY OF BEAVERTON</b>	
<b>BUILDING DIVISION</b>	
Payment Type:	

TYPE OF WORK	
<input checked="" type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input checked="" type="checkbox"/> Multi-family
<input type="checkbox"/> Master bulder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 4005 SW ORBIT ST	
City/State/ZIP: Beaverton, OR 97006	
Suite/bldg./apt. no.: Building 11	Project name: West End District
Cross street/directions to job site: Tualatin Valley Highway and SW Murray BLVD	
Subdivision: West End District	Lot no.: Building 11
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Building 11 is a mixed use apartment building with retail on the first floor and 3 floors of apartments above.	
This is a re-issue of building 9 as a master plan submittal	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Urban Form Development Company	
Address: 703 Broadway Street Suite 510	
City/State/ZIP: Vancouver, WA 98660	
Phone: (360) 989-7944	Fax:
E-mail: blewallen@taylormorrison.com, awalters1@taylormorrison.com	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Urban Form Development Company	
Contact name: Braden Lewallen	
Address: 703 Broadway Street Suite 510	
City/State/ZIP: Vancouver, WA 98660	
Phone: (360) 989-7944	Fax:
E-mail: blewallen@taylormorrison.com, awalters1@taylormorrison.com	
CONTRACTOR	
Business name: <i>Polygon &amp; WLH LLC</i>	
Address: <i>703 Broadway St. Ste 510</i>	
City/State/ZIP: <i>Vancouver WA 98660</i>	
Phone:	Fax:
CCB lic.: <i>204238</i>	

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

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

**NOTICE**

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

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

Authorized signature:	Date:
<i>Braden Lewallen</i>	10/08/19

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

# Building Permit Application



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

OFFICE USE ONLY	
Date Received: 11/12/2019	Permit No.: B2019-4681
Date Issued: 11/16/2020	<i>[Signature]</i>
Payment Type:	

TYPE OF WORK	
<input checked="" type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input checked="" type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 4105 SW ORBIT ST	
City/State/ZIP: Beaverton, OR 97006	
Suite/bldg./apt. no.: Building 12	Project name: West End District
Cross street/directions to job site: Tualatin Valley Highway and SW Murray BLVD	
Subdivision: West End District	Lot no.: Building 12
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Building 12 is a mixed use apartment building with retail on the first floor and 3 floors of apartments above.	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Urban Form Development Company	
Address: 703 Broadway Street Suite 510	
City/State/ZIP: Vancouver, WA 98660	
Phone: (503) 314-0807	Fax:
E-mail: blewallen@taylormorrison.com, awalters1@taylormorrison.com	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Urban Form Development Company	
Contact name: Braden Lewallen	
Address: 703 Broadway Street Suite 510	
City/State/ZIP: Vancouver, WA 98660	
Phone: (360) 989-7944	Fax:
E-mail: blewallen@taylormorrison.com, awalters1@taylormorrison.com	
CONTRACTOR	
Business name: Polygon WLH LLC	
Address: 703 Broadway St. Ste 510	
City/State/ZIP: Vancouver 98660	
Phone:	Fax:
CCB lic.: 204238	

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

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

**NOTICE**

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

BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	\$5,366.05
Amount received	
Date received:	

Authorized signature:	Date:
Braden Lewallen	11/06/19

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

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

Form B70-1001 REV 2/14



### Building Permit Application

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

OFFICE USE ONLY	
Date Received: 04/30/2020	Permit No.: B2020-1523
Date Issued: 7-15-20	By: <i>JUL</i>
CITY OF BEAVERTON	
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: 801 NW 178TH AVE	
City/State/ZIP: Beaverton, Or	
Suite/bldg./apt. no.:	Project name: Robbins Estate
Cross street/directions to job site: 178th & Walker Rd	
Subdivision: Robbins Estate	Lot no.: Lot 4
Tax map/parcel no.:	
DESCRIPTION OF WORK	
New Constructin - SFR	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Sage Built Homes, LLC	
Address: 1815 NW 16th Pl, Suite 1040	
City/State/ZIP: Beaverton, OR 97006	
Phone: (503) 533-5167	Fax:
E-mail: planning@sagebulthomesllc.com	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: Samedy Kem - Designer	
Contact name: Samedy Kem	
Address: PO Box 1571	
City/State/ZIP: Hillsboro, OR 97123	
Phone: (971) 563-0552	Fax: (888) 311-5610
E-mail: samedy@kem-consultant.com	
CONTRACTOR	
Business name: Sage Built Homes LLC	
Address: 1815 NW 169th Pl, Suite 1040	
City/State/ZIP: Beaverton, OR 97006	
Phone: (503) 533-5167	Fax:
CCB lic.: 189330	

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	\$296,078.13
Number of bedrooms:	4
Number of bathrooms:	2 1/2
Total number of floors:	2
New dwelling area:	2241 square feet
Garage/carport area:	399 square feet
Covered porch area:	105 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	\$1,270.22
Amount received	
Date received:	

Authorized signature: <i>[Signature]</i>	Date:
Print name: Samedy Kem	04/23/20

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

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

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: 04/27/2020	Permit No.: B2020-1474
Date Issued: 7-15-20	By: <i>MLL</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: 795 NW 178TH AVE	
City/State/ZIP:	
Suite/bldg./apt. no.:	Project name: Walker Road
Cross street/directions to job site:	
Subdivision: Walker Road	Lot no.: 3
Tax map/parcel no.:	
DESCRIPTION OF WORK	
New Residential Construction	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Sage Built Homes llc	
Address: 1815 NW 169th Place Suite 1040	
City/State/ZIP: Beaverton Oregon 97006	
Phone:	Fax:
E-mail: planning@sagebuilthomesllc.com	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Sage Built Homes LLC	
Contact name: Alex Rodriguez	
Address: 1815 NW 169th Place Suit 1040	
City/State/ZIP: Beaverton Oregon 97006	
Phone: (971) 336-6911	Fax:
E-mail: planning@sagebuilthomesllc.com	
CONTRACTOR	
Business name: Same As Above	
Address:	
City/State/ZIP:	
Phone:	Fax:
CCB lic.: 189330	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$274,383.57
Number of bedrooms:	4
Number of bathrooms:	2 1/2
Total number of floors:	2
New dwelling area:	2052 square feet
Garage/carport area:	406 square feet
Covered porch area:	160 square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate 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	\$1202.77
Amount received	
Date received:	

Authorized signature: <i>Alex Rodriguez</i>	Date:
Print name: Alex Rodriguez	04/27/20

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

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

Form B70-1001 REV 11/19



### Building Permit Application

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

OFFICE USE ONLY	
Date Received: 04/27/2020	Permit No.: B2020-1475
Date Issued: 7-15-20	By: <i>HL</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: 765 NW 178TH AVE	
City/State/ZIP:	
Suite/bldg./apt. no.:	Project name: Walker Road
Cross street/directions to job site:	
Subdivision: Walker Road	Lot no.: 5
Tax map/parcel no.:	
DESCRIPTION OF WORK	
New Residential Construction	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Sage Built Homes llc	
Address: 1815 NW 169th Place Suite 1040	
City/State/ZIP: Beaverton Oregon 97006	
Phone:	Fax:
E-mail: planning@sagebuilthomesllc.com	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Sage Built Homes LLC	
Contact name: Alex Rodriguez	
Address: 1815 NW 169th Place Suit 1040	
City/State/ZIP: Beaverton Oregon 97006	
Phone: (971) 336-6911	Fax:
E-mail: planning@sagebuilthomesllc.com	
CONTRACTOR	
Business name: Same As Above	
Address:	
City/State/ZIP:	
Phone:	Fax:
CCB llc.: 189330	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$274,383.57
Number, of bedrooms:	4
Number of bathrooms:	2 1/5
Total number of floors:	2
New dwelling area:	2052 square feet
Garage/carport area:	406 square feet
Covered porch area:	160 square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate 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	\$1,202.77
Amount received	
Date received:	

Authorized signature: <i>Alex Rodriguez</i>	Date:
Print name: Alex Rodriguez	04/27/20

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

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

Form B70-1001 REV 11/19



### Building Permit Application

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

OFFICE USE ONLY		
Date Received:	04/30/2020	Permit No.: B2020-1522
Date Issued:	7-15-20	By: <i>JHK</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: 785 NW 178TH AVE	
City/State/ZIP: Beaverton, Or	
Suite/bldg./apt. no.:	Project name: Robbins Estate
Cross street/directions to job site: 178th & Walker Rd	
Subdivision: Robbins Estate	Lot no.: Lot 2
Tax map/parcel no.:	
DESCRIPTION OF WORK	
New Constructin - SFR	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Sage Built Homes, LLC	
Address: 1815 NW 16th Pl, Suite 1040	
City/State/ZIP: Beaverton, OR 97006	
Phone: (503) 533-5167	Fax:
E-ma: <a href="mailto:planning@sagebulthomesllc.com">planning@sagebulthomesllc.com</a>	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: Samedy Kem - Designer	
Contact name: Samedy Kem	
Address: PO Box 1571	
City/State/ZIP: Hillsboro, OR 97123	
Phone: (971) 563-0552	Fax: (888) 311-5610
E-mail: <a href="mailto:samedy@kem-consultant.com">samedy@kem-consultant.com</a>	
CONTRACTOR	
Business name: Sage Built Homes LLC	
Address: 1815 NW 169th Pl, Suite 1040	
City/State/ZIP: Beaverton, OR 97006	
Phone: (503) 533-5167	Fax:
CCB lic.: 189330	

Authorized signature: <i>[Signature]</i>	Date:
Print name: Samedy Kem	04/23/20

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	\$296,078.13
Number of bedrooms:	4
Number of bathrooms:	2 1/2
Total number of floors:	2
New dwelling area:	2241 square feet
Garage/carport area:	399 square feet
Covered porch area:	105 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	\$1,270.22
Amount received	
Date received:	

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

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

Form B70-1001 REV 11/19



### Building Permit Application

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

OFFICE USE ONLY	
Date Received: 05/01/2020	Permit No.: B2020-1538
Date Issued: 7-15-20	By: <i>JUL</i>
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 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: 14617 SW Millikan Way	
City/State/ZIP: Beaverton, OR 97006	
Suite/bldg./apt. no.:	Project name: HI5 Dental
Cross street/directions to job site: SW Murray Blvd. and SW Millikan Way	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Add non load-bearing walls, two (2) new ADA restrooms.	
<input type="checkbox"/> PROPERTY OWNER	<input checked="" type="checkbox"/> TENANT
Name: Hi 5 Dental Dr. Hai t. Pham	
Address: 14617 SW Millikan Way	
City/State/ZIP: Beaverton, OR 97006	
Phone: (971) 227-3312	Fax:
E-mail: hi5dental.doctor@gmail.com	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Obsidian Design, LLC	
Contact name: Chelsea Rodgers	
Address: 5921 SE Cedar St.	
City/State/ZIP: Milwaukie, OR 97222	
Phone: (503) 539-3657	Fax:
E-mail: obsidiandesignpdx@gmail.com	
CONTRACTOR	
Business name: BnK Construction	
Address: 45 82nd Dr. #53b	
City/State/ZIP: Gladstone, OR 97207	
Phone: (503) 808-0729	Fax:
CCB lic.: 0107555	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate 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	\$259,537
Existing building area:	2,153 square feet
New building area:	2,153 square feet
Number of stories:	1
Type of construction:	V-B
Occupancy groups:	
Existing:	B
New:	B
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	\$2,620.55
Amount received	
Date received:	

Authorized signature:	
Print name:	Chelsea Rodgers
Date:	04/30/20

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

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

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

RECEIVED

OFFICE USE ONLY	
Date Received: 07/13/2020	Permit No. B2020-2434
Date Issued: 7-15-20	By: <i>FW</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: 9205 SW GEMINI DR	
City/State/ZIP: Beaverton OR 97008	
Suite/bldg./apt. no.: Suite C	Project name: Rexel Remodel
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Construct non structural partitons, install doors and relites	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Lincoln Property Company	
Address: 1211 SW 5th Ave Suite 700	
City/State/ZIP: Portland OR 97204	
Phone: (503) 673-2800	Fax:
E-mail: lmorrison@lpc.com	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Commercial Contractors Inc	
Contact name: Jake Money	
Address: 5573 S 1st Circle	
City/State/ZIP: Ridgefield WA 98642	
Phone: (360) 931-4361	Fax:
E-mail: jake@cclgc.com	
CONTRACTOR	
Business name: Commercial Contractors Inc	
Address: 5573 S 1st Circle	
City/State/ZIP: Ridgefield WA 98642	
Phone: (503) 227-4440	Fax:
CCB lic.: 123729	

Authorized signature: <i>Eric Money</i>	Date:
Print name: Eric Money	07/10/20

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	
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	\$13,842
Existing building area:	9226 square feet
New building area:	square feet
Number of stories:	2
Type of construction:	III-B 2 Story
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	\$362.61
Amount received	
Date received:	

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

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

CONTRACTOR TBD



**Building Permit Application**

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

RECEIVED

OFFICE USE ONLY	
Date Received: 1/29/2020	Permit No.: B2020-0365
Date Issued: 7/15/2020	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: 13000 SW 2nd Street	
City/State/ZIP: Beaverton, OR 97005	
Suite/bldg./apt. no.:	Project name: Beaverton High School
Cross street/directions to job site: SW Erickson Ave., project in the auditorium	
Subdivision:	Lot no.:
Tax map/parcel no.: 1S116AD10900	
DESCRIPTION OF WORK	
NEW MOTORIZED BATTEN	
<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) 356-4571	Fax: (503) 356-4484
E-mail: Jeffrey_Hamman@beaverton.k12.or.us	
<input type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: Opsis Architecture	
Contact name: Lindsay Furlong	
Address: 920 NW 17th Ave.	
City/State/ZIP: Portland, OR 97209	
Phone: (503) 525-9511	Fax: (503) 525-0440
E-mail: lindsayf@opsisarch.com	
CONTRACTOR	
Business name: Asa Construction	
Address: 408 Beaver Creek Road STE 417	
City/State/ZIP: Oregon City OR 97045	
Phone: 503.303.0508	Fax:
CCB lic.: 221391	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate 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	\$143,520
Existing building area:	6974 square feet
New building area:	0 square feet
Number of stories:	1
Type of construction:	V
Occupancy groups:	E
Existing:	E
New:	E

**NOTICE**

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

BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	1,861.74
Amount received	
Date received:	

Authorized signature: <i>Lindsay Furlong</i>	Date: 07/06/20
Print name: Lindsay Furlong	

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

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

Form B70-1001 REV 11/19

# Building Permit Application



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

OFFICE USE ONLY	
Date Received: 5/19/2020	Permit No.: B2020-1712
Date Issued: 7/15/2020	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 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: Near the northeast corner of Barnes Rd and 118th Ave	
City/State/ZIP: Beaverton, OR	
Suite/bldg./apt. no.:	Project name: Kirkland Place
Cross street/directions to job site: Near NW Barnes Rd and NW 118th Ave	
Subdivision:	Lot no.:
Tax map/parcel no.: 1N1W 34, TL 6300, 6400, 6500	
DESCRIPTION OF WORK	
Fire piping building permit for private site construction of 3 multiuse buildings.	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Kirkland Development, LLC (Attn: Dean Kirkland)	
Address: 2370 East 3rd Loop, Suite 100	
City/State/ZIP: Vancouver, WA 98661	
Phone: (360) 816-1490	Fax:
E-mail: dean@kirklandgloballlc.com	
<input type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: Otak, Inc.	
Contact name: Keith Buisman, PE	
Address: 808 SW Third Ave., Suite 800	
City/State/ZIP: Portland, OR, 97204	
Phone: (503) 287-6825	Fax:
E-mail: keith.buisman@otak.com	
CONTRACTOR	
Business name: IBO Kirkland Construction	
Address:	
City/State/ZIP:	
Phone:	Fax:
CCB lic.: 213367	
Authorized signature:	
Print name: Dean Kirkland, Chairman	Date: 5/18/2020

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$7,450
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	96.72
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: 07/09/2020	Permit No.: B2020-2389
Date Issued: 7-14-20	By: <i>HW</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 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: 6656 SW 158th Ave.	
City/State/ZIP: Beaverton OR 97007	
Suite/bldg./apt. no.:	Project name: Driesner 36215
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.: 1S120BD03600	
DESCRIPTION OF WORK	
Voluntary Underpinning Using 6 Push Piers	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Tim Driesner	
Address: 6656 SW 158th Ave	
City/State/ZIP: Beaverton OR 97007	
Phone: (503) 997-5739	Fax:
E-mail:	
<input 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	\$ 11,881.25
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	\$153.66
Amount received	
Date received:	

Authorized signature: <i>Ronquillo</i>	Date:
Print name: Elenita Ronquillo	07/08/20

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

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

Form B70-1001 REV 11/19

# Building Permit Application



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

OFFICE USE ONLY	
Date Received: 10-24-19	Permit No.: B2019-4418
Date Issued: 7/14/2020	Payment Type:

TYPE OF WORK	
<input checked="" type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 12820 SW CRESCENT ST	
City/State/ZIP: BEAVERTON, OR 97005	
Suite/bldg./apt. no.:	Project name: WESTGATE HOTEL - HY
Cross street/directions to job site: SW CRESCENT ST & SW ROSE BIGGI AVE	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Provide and install Fire alarm system, Voice/Data Cabling & Misc. Low Voltage.	
<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: Integrated Solutions LLC	
Contact name: Mindy Malone	
Address: 980 McKinley St	
City/State/ZIP: Eugene, OR 97402	
Phone: (503) 936-0393	Fax:
E-mail: mindy@integrationsolutionsnw.com	
CONTRACTOR	
Business name: Integrated Solutions LLC	
Address: 980 McKinley St	
City/State/ZIP: Eugene, OR 97402	
Phone: (541) 485-7545	Fax:
CCB lic.: 213626	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate 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	225,000
Existing building area:	square feet
New building area:	square feet
Number of stories:	5
Type of construction:	
Occupancy groups:	R-1
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	\$920.85
Amount received	
Date received:	

Authorized signature:	Date:
Print name: Mindy Malone	10/23/19

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



## Building Permit Application

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

OFFICE USE ONLY	
Date Received:	Permit No.: 2020-2432
Date Issued: 7-14-20	By: MK
	Payment Type: VISA

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 6125 SW Hall Blvd. Beaverton, OR 97008	
City/State/ZIP: Beaverton, OR 97005	
Suite/bldg./apt. no.: N/A	Project name: Beaverton Public Safety
Cross street/directions to job site: Hall & Allen	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
This is an addition to the original permit for The Beaverton Public Safety Center. The project is adding a battery energy storage system (BESS) to the scope of the project. Original Permit # B2018-1826	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: City of Beaverton	
Address: 12715 SW MILLIKAN WAY BEAVERTON OR 97076	
City/State/ZIP: Beaverton, OR	
Phone:	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Portland General Electric	
Contact name: Kevin Whitener	
Address: 121 SW Salmon Street	
City/State/ZIP: Portland, OR 97204	
Phone: (503) 464-8219	Fax:
E-mail: kevin.whitener@pgn.com	
CONTRACTOR	
Business name: SKANSKA USA BUILDING INC	
Address: 389 INTERPACE PARKWAY 5TH FLOOR	
City/State/ZIP: PARSIPPANY NJ 07054	
Phone: (973) 753-3507	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	5/22/2020
Number of bedrooms:	CITY OF BEAVERTON
Number of bathrooms:	BUILDING DIVISION
Total number of floors:	REV 20-326
New dwelling area:	T square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$781,487.72
Existing building area:	74,790 square feet
New building area:	square feet
Number of stories:	3
Type of construction:	V-B
Occupancy groups:	B/I/S2
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	13,312.78
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:	

6/16/2020

**Building Permit Application**

**CITY OF BEAVERTON** Community Development Department  
**BUILDING DIVISION** 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.: <u>B2020-2319</u>
Date Issued: <u>7-13-20</u>	By: <u>[Signature]</u>
	Payment Type: <u>VISA</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 checked="" type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: <u>1600 NW 173RD AVE</u>	
City/State/ZIP: <u>BEAVERTON, OR</u>	
Suite/bldg./apt. no.:	Project name: <u>5 OAKS MS</u>
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.: <u>1N1310000500</u>	
DESCRIPTION OF WORK	
<u>REPLACE EXISTING FACP WITH NEW.</u> <u>Fire Alarm Control Panel Upgrade</u>	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: <u>Beaverton School District</u>	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: <u>A &amp; E Electric</u>	
Contact name: <u>Jeff Haga</u>	
Address: <u>3535 Del Webb Ave Ste 100</u>	
City/State/ZIP: <u>Salem OR 97301</u>	
Phone: <u>503-363-2301</u>	Fax:
E-mail:	
CONTRACTOR	
Business name: <u>JEFF HAGA</u>	
Address: <u>3535 DEL WEBB AVE SUITE 100</u>	
City/State/ZIP: <u>SALEM, OR 97301</u>	
Phone: <u>(503) 363-2301</u>	Fax:
CCB lic.: <u>591</u>	

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

REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	<u>\$20,000.00</u>
Existing building area:	square feet
New building area:	square feet
Number of stories:	<u>2</u>
Type of construction:	<u>TYPE: 11-B</u>
Occupancy groups:	<u>GROUP E</u>
Existing:	<u>57,806</u>
New:	<u>4,039</u>

**NOTICE**

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

Doug

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

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

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

Authorized signature:	Date:
Print name:	

# 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.: B2018-5432
Date Issued: 7/13/2020	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: 17326 SW Kite Lane	
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.: 96	
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	199,501
Number of bedrooms:	3
Number of bathrooms:	3
Total number of floors:	3
New dwelling area:	1542.34 square feet
Garage/carport area:	368.94 square feet
Covered porch area:	103.80 square feet
Deck area:	0 square feet 0
Other structure area:	0 square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	R2
Existing:	
New:	Townhome
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	
Amount received	
Date received:	

Authorized signature:	Date: 5/29/20
Print name: Jennifer Reilly	

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

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

# 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.: B2018-5433
Date Issued: 7/13/2020	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: 17332 SW Kite Lane	
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.: 95
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	257,516
Number, of bedrooms:	3
Number of bathrooms:	2.5
Total number of floors:	3
New dwelling area:	1873.37 square feet
Garage/carport area:	453.14 square feet
Covered porch area:	107.93 square feet
Deck area:	29.31 square feet 0
Other structure area:	0 square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	R2
Existing:	
New:	Townhome
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	
Amount received	
Date received:	

Authorized signature:	Date: 5/29/20
Print name: Jennifer Reilly	

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

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

# 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.: B2018-4991
Date Issued: 1/10/2020	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: 17322 SW Kite Lane	
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.: 97
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	199,501
Number, of bedrooms:	3
Number of bathrooms:	3
Total number of floors:	3
New dwelling area:	1542.34 square feet
Garage/carport area:	368.94 square feet
Covered porch area:	103.80 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:	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:	Date: 5/29/20
Print name: Jennifer Reilly	

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

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

# 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: 07/02/2020	Permit No.: B2020-2283
Date Issued: 7/1/2020	Payment Type:
CITY OF BEAVERTON BUILDING DIVISION	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 10882 Southwest Adele Dr	
City/State/ZIP: Portland, OR 97225	
Suite/bldg./apt. no.:	Project name: Albert
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
PV ROOF MOUNT 3.78KW	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Jeff Albert	
Address: 10882 Southwest Adele Dr	
City/State/ZIP: Portland, OR 97225	
Phone:	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: SolarCity Corp.	
Contact name: Melissa Farias	
Address: 6132 NE 112th Ave	
City/State/ZIP: Portland OR 97220	
Phone: (503) 894-6903	Fax:
E-mail: Melissa.Farias@SolarCity.com	
CONTRACTOR	
Business name: SolarCity Corp.	
Address: 6132 NE 112th Ave	
City/State/ZIP: Portland OR 97220	
Phone: (503) 894-6903	Fax:
CCB lic.: 180498	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	5,000
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	\$128.80
Amount received	
Date received:	

Authorized signature:	Date:
Print name: Melissa Farias	7/1/2020

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

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



# Building Permit Application

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

OFFICE USE ONLY	
Date Received: 07/07/2020	Permit No.: B2020-2347
Date Issued: 7/10/2020	
CITY OF BEAVERTON BUILDING DIVISION	
Payment Type:	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input checked="" type="checkbox"/> Other: Repairs
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: 4650 SW Murray Blvd #74	
City/State/ZIP: Beaverton/OR/97005	
Suite/bldg./apt. no.: #74	Project name: Fountain Park
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Upgrade fire wall due to minor bath vent fire	
<input type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Corelogic Commercial Rets (CLC)	
Address: 4470 SW Murray Blvd #1	
City/State/ZIP: Beaverton/OR/97005	
Phone:	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: Sandahl Structural, PC	
Contact name: Dave Sandahl, PE	
Address: 11481 SW Hall Blvd #201D	
City/State/ZIP: Tigard/OR/97223	
Phone: (503) 358-1224	Fax:
E-mail: sandahlstructural@gmail.com	
CONTRACTOR	
Business name: Kennedy Restoration	
Address: 13909 NE Airport Way	
City/State/ZIP: Portland/OR/97230	
Phone: (503) 234-0509	Fax:
CCB lic.: 3402	
Authorized signature: <i>[Signature]</i>	Date: 7/7/20
Print name: DAVE SANDAHL	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$1,500.00
Existing building area:	square feet
New building area:	square feet
Number of stories:	
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	\$110.29
Amount received	
Date received:	

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

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



### Building Permit Application

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

OFFICE USE ONLY	
Date Received: 5/22/2020	Permit No.: B2020-1760
Date Issued: 7/9/2020	Payment Type:

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 9000 SW REBECCA LN	
City/State/ZIP: BEAVERTON OR 97008	
Suite/bldg./apt. no.:	Project name: ADDITION
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.: 1S127BC05400	
DESCRIPTION OF WORK	
ADDITION TO SW CORNER OF HOME	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: LESA RIVAS	
Address: 9000 SW REBECCA LN	
City/State/ZIP: BEAVERTON OR 97008	
Phone: (503) 799-5683	Fax:
E-mail: LESALUV7@GMAIL.COM	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name:	
Contact name: LESA RIVAS	
Address: 9000 SW REBECCA LN	
City/State/ZIP: BEAVERTON OR 97008	
Phone: (503) 799-5683	Fax:
E-mail: LESALUV7@GMAIL.COM	
CONTRACTOR	
Business name: ACJ GENERAL CONTRACTOR LLC	
Address: 9000 SW REBECCA LN	
City/State/ZIP: BEAVERTON OR 97008	
Phone: (503) 888-9507	Fax:
CCB lic.: 214790	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	20,000.00
Number of bedrooms:	3
Number of bathrooms:	2
Total number of floors:	1
New dwelling area:	358 square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet

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

**NOTICE**

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

BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	290.98
Amount received	
Date received:	

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

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

Authorized signature:	Date:
LESALUV7@GMAIL.COM	05/21/20

# 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:	Permit No.: B2018-5431
Date Issued: 7/19/2020	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: 17316 SW Kite Lane	
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.: 98
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	257,516
Number of bedrooms:	3
Number of bathrooms:	2.5
Total number of floors:	3
New dwelling area:	1873.37 square feet
Garage/carport area:	453.14 square feet
Covered porch area:	107.93 square feet
Deck area:	29.31 square feet 0
Other structure area:	0 square feet

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

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

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

Authorized signature:	Date: 5/29/20
Print name: Jennifer Reilly	

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

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



### 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: 07/07/2020	Permit No.: B2020-2338
Date Issued: 7/9/2020	
CITY OF BEAVERTON BUILDING DIVISION	
Payment Type:	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input 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: 17235 NW Corridor Ct	
City/State/ZIP: Beaverton/OR/97006	
Suite/bldg./apt. no.: 100	Project name: New Shelving/rack
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
New steel shelving	
<input type="checkbox"/> PROPERTY OWNER	<input checked="" type="checkbox"/> TENANT
Name: ATS Groceries LLC - India Supermarket	
Address: 17235 NW Corridor Ct	
City/State/ZIP: Beaverton/OR/97006	
Phone:	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Applied Handling, a division of Daco Corp	
Contact name: David Hires	
Address: 8825 S 184th St	
City/State/ZIP: Kent/WA/98092	
Phone: (253) 295-8500	Fax:
E-mail: davidh@appliednw.com	
CONTRACTOR	
Business name: Applied Handling, a division of Daco Corp	
Address: 8825 S 184th St	
City/State/ZIP: Kent/WA/98092	
Phone: (253) 295-8500	Fax:
COB lic.: 146908	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate 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:	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	109,832
Existing building area:	9500 square feet
New building area:	9500 square feet
Number of stories:	1
Type of construction:	TI
Occupancy groups:	
Existing:	
New:	

**NOTICE**

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

**BUILDING PERMIT FEES\***

Please refer to fee schedule

Fees due upon application	\$160.00
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:	Date:
Print name: David Hires	07/06/20



### Building Permit Application

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

OFFICE USE ONLY	
Date Received: 07/07/2020	Permit No.: B2020-2350
Date Issued: 7/9/2020	BY: [Signature]
CITY OF BEAVERTON BUILDING DIVISION	
Payment Type:	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 11000 SW Stratus St	
City/State/ZIP: Beaverton OR 97008	
Suite/bldg./apt. no.:	Project name: Telstream TI @ Creekside 4
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Fire alarm installation in 1st floor Telsteam	
<input type="checkbox"/> PROPERTY OWNER	<input checked="" type="checkbox"/> TENANT
Name: Creekside 4	
Address:	
City/State/ZIP:	
Phone:	Fax:
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Advanced Alarm Systems Inc.	
Contact name: Scott Sullivan	
Address: 12017 NE Sumner St	
City/State/ZIP: Portland OR 97220	
Phone: (503) 550-0999	Fax:
E-mail: scotts@advancedalarmsystemsinc.com	
CONTRACTOR	
Business name: Advanced Alarm Systems Inc.	
Address: 12017 NE Sumner St	
City/State/ZIP: Portland OR 97220	
Phone: (503) 550-0999	Fax:
CCB lic.: 186615	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate 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	\$4,327.00
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	
Amount received	
Date received:	

Authorized signature: *Scott Sullivan*  
 Print name: Scott Sullivan Date: 07/07/20

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

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

rev 06/11



### 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: 7/8/2020	Permit No.: 152020-2086
Date Issued: 7/8/2020	CU
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: 1460 NW Tremaine Court	
City/State/ZIP: Beaverton, Or 97006	
Suite/bldg./apt. no.:	Project name:
Cross street/directions to job site: NW 185, to L @ NW Walker Road, L @ NW 183, L @ NW Darrington, R @ Brickstone, L @ Tremaine Court, 2nd house on Right-Yellow	
Subdivision: Fieldstone No.2	Lot no.: 57
Tax map/parcel no.: 1N131BC-05700	
DESCRIPTION OF WORK	
Alteration: Adding 2 new non-load bearing walls to form a bedroom in the pre-existing familyroom area of the home. One wall will have a door way, we will utilize the pre-existing window and heat vent in this area. Specific info is on the response page attached. Dwelling area isn't new->alteration.	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Abigail J Donovan	
Address: 1460 NW Tremaine Court	
City/State/ZIP: Beaverton, OR 97006	
Phone: (503) 816-8092	Fax:
E-mail: abigail-donovan@comcast.net	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: none- owner is completing the work	
Contact name: same as above	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
CONTRACTOR	
Business name: Home owner	
Address:	
City/State/ZIP:	
Phone:	Fax:
CCB lic.:	
Authorized signature: <i>Abigail J Donovan</i>	Date:
Print name: Abigail J Donovan	Date: 06/28/20

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	350.00
Number. of bedrooms:	3 current
Number of bathrooms:	2.5
Total number of floors:	1
New dwelling area:	139 square feet
Garage/carport area:	483 square feet
Covered porch area:	NA square feet
Deck area:	264 square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	
Amount received	
Date received:	

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

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



### 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: 07/02/2020	Permit No.: B2020-2316
Date Issued: 07/02/2020	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: 5825 SW Arctic Dr.	
City/State/ZIP: Beaverton, OR 97005	
Suite/bldg./apt. no.:	Project name: Virtual Supply
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Replace the existing fire sprinkler monitoring 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: Security First Alarm	
Contact name: Rick Waldrop	
Address: 515 NW Saltzman Ste 825	
City/State/ZIP: Portland, OR 97229	
Phone: (503) 296-9100	Fax:
E-mail: rick@securityfirstalarm.com	
CONTRACTOR	
Business name: Security First Alarm	
Address: same	
City/State/ZIP:	
Phone: (503) 998-4033	Fax:
CCB lic.: 190582	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	4500.
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	\$74.13
Amount received	
Date received:	

Authorized signature:	
Print name:	Date:
Rick Waldrop	07/02/20

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



## Building Permit Application

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

OFFICE USE ONLY	
Date Received: 04/27/2020	Permit No.: B2020-1456
Date Issued: 7/9/2020	Payment Type:

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 9140 SW Hall Blvd	
City/State/ZIP: Beaverton, OR 97223	
Suite/bldg./apt. no.: C	Project name: Banfield Pet Hosp 5262
Cross street/directions to job site: SW Hall Blvd & SE Oleson Road	
Subdivision:	Lot no.:
Tax map/parcel no.: 1S126CA01200	
DESCRIPTION OF WORK	
4948sf tenant improvement within an existing shopping center building for a new veterinarian clinic	
<input type="checkbox"/> PROPERTY OWNER	<input checked="" type="checkbox"/> TENANT
Name: Natalie Van Wagoner - Banfield Pet Hospital	
Address: 18101 SW 6th Way	
City/State/ZIP: Vancouver, WA 98683	
Phone: (360) 608-1824	Fax:
E-mail: natalie.vanwagoner@banfield.com	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: Scott/Edwards Architecture LLP	
Contact name: Mitch Stauber	
Address: 2525 East Burnside Street	
City/State/ZIP: Portland, OR 97214	
Phone: (503) 896-5354	Fax:
E-mail: mstauber@seallp.com	
CONTRACTOR	
Business name: JBD TDS Construction	
Address: 4239 G3 Rd St W	
City/State/ZIP: Bradenton FL 34209	
Phone:	Fax:
CCB lic.: 223941	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate 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	\$450,000
Existing building area:	11,835 square feet
New building area:	0 square feet
Number of stories:	1
Type of construction:	V
Occupancy groups:	B
Existing:	A-3
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	4071.39
Amount received	
Date received:	

Authorized signature: <i>Mitch Stauber</i>	Date:
Print name: Mitch Stauber	04/16/20

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

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



### Building Permit Application

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

OFFICE USE ONLY	
Date Received: 06/17/2020	Permit No.: B2020-2080
Date issued: 7/9/2020	By: [Signature]
CITY OF BEAVERTON	
Payment Type:	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input 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: 6245 SW Lombard Ave	
City/State/ZIP: Beaverton, OR 97008	
Suite/bldg./apt. no.:	Project name: Lombard Plaza Apts
Cross street/directions to job site: SW Allen Blvd to Lombard. Head south on Lombard. Project on right about 1/8 mile	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Replace burned out trusses from fire Replace Roof Replace Siding and Windows Replace water damaged sheetrock	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Vlado and Zorka Baricevic Family Trust	
Address: 4475 SW Scholls Ferry Rd Suite 110	
City/State/ZIP: Portland, OR 97225	
Phone: 503-705-0744	Fax:
E-mail: davbaricevic@gmail.com	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Lombard Plaza Apts, LLC	
Contact name: Dav Baricevic	
Address: 4475 SW Scholls Ferry Rd Suite 110	
City/State/ZIP: Portland, OR 97225	
Phone: 503-705-0744	Fax:
E-mail: davbaricevic@gmail.com	
CONTRACTOR	
Business name: West Portland Construction, Inc	
Address: 4475 SW Scholls Ferry Rd Suite 110	
City/State/ZIP: Portland, OR 97225	
Phone: 503-705-0744	Fax:
CGB lic.: 64001	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate 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	\$ 165,000
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	Replacement
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	\$1,895.13
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: 6-15-20
Print name: V. Daxon Baricevic	

CONTRACTOR TBD



**Building Permit Application**

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

RECEIVED

**OFFICE USE ONLY**

Date Received: 1/29/2020	Permit No.: B2020-0365
Date Issued:	By:
CITY OF BEAVERTON BUILDING DIVISION	
Payment Type:	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 13000 SW 2nd Street	
City/State/ZIP: Beaverton, OR 97005	
Suite/bldg./apt. no.:	Project name: Beaverton High School
Cross street/directions to job site: SW Erickson Ave., project in the auditorium	
Subdivision:	Lot no.:
Tax map/parcel no.: 1S116AD10900	
DESCRIPTION OF WORK	
NEW MOTORIZED BATTEN	
<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) 356-4571	Fax: (503) 356-4484
E-mail: Jeffrey_Hamman@beaverton.k12.or.us	
<input type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: Opsis Architecture	
Contact name: Lindsay Furlong	
Address: 920 NW 17th Ave.	
City/State/ZIP: Portland, OR 97209	
Phone: (503) 525-9511	Fax: (503) 525-0440
E-mail: lindsayf@opsisarch.com	
CONTRACTOR	
Business name: Asa Construction	
Address: 408 Beaver Creek Road STE 417	
City/State/ZIP: Oregon City OR 97045	
Phone: 503.303.0508	Fax:
CGB lic.: 221391	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate 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	\$143,520
Existing building area:	6974 square feet
New building area:	0 square feet
Number of stories:	1
Type of construction:	V
Occupancy groups:	E
Existing:	E
New:	E

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

BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	1,860.74
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: <i>Lindsay Furlong</i>	Date: 07/06/20
Print name: Lindsay Furlong	

# Building Permit Application



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

RECEIVED

OFFICE USE ONLY	
Date Received: <b>07/06/2020</b>	Permit No.: <b>B2020-2323</b>
Date Issued: <b>7/10/2020</b>	<i>[Signature]</i>
<b>CITY OF BEAVERTON</b>	
<b>BUILDING DIVISION</b>	
Payment Type:	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: <b>8905 SW Cascade Ave</b>	
City/State/ZIP: <b>Beaverton, OR</b>	
Suite/bldg./apt. no.:	Project name: <b>Cascade Plaza</b>
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Add 27 fire sprinklers for new demising walls.	
PROPERTY OWNER	
<input type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
APPLICANT	
<input type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: <b>Same as below</b>	
Contact name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail: <b>†.schweitzer@sprinkitfire.com</b>	
CONTRACTOR	
Business name: <b>SprinkIt Fire Protection Inc.</b>	
Address: <b>PO 2227</b>	
City/State/ZIP: <b>Oregon City, OR 97045</b>	
Phone: <b>503-272-6650</b>	Fax:
CCB Lic.: <b>211320</b>	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation <b>\$3,000</b>	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
<i>Please refer to fee schedule</i>	
Fees due upon application	<b>\$59.08</b>
Amount received	
Date received:	

Authorized signature: *Travis Schweitzer*

Print name: <b>Travis Schweitzer</b>	Date: <b>2-24-20</b>
--------------------------------------	----------------------

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

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

Form B70-1001 REV 2/14



### Building Permit Application

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

OFFICE USE ONLY	
Date Received: 6/26/2020	Permit No.: B2020-2206
Date Issued: 7/28/2020	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: <b>Reclassification</b>
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: 9400 SW Beaverton Hillsdale Hwy	
City/State/ZIP: Portland, OR 97225	
Suite/bldg./apt. no.:	Project name: Edison High School TI
Cross street/directions to job site: Valley Plaza shopping center office building	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Reclassify building from Type III-N (III-B) to Type I-A	
<input type="checkbox"/> PROPERTY OWNER	<input checked="" type="checkbox"/> TENANT
Name: Edison High School	
Address: 9020 SW Beaverton Hillsdale Hwy	
City/State/ZIP: Portland, OR 97225	
Phone: (503) 297-2336	Fax:
E-mail: nhurd@edisonhs.org	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Bora Architects	
Contact name: Leslie Cliffe	
Address: 720 SW Washington, Suite 800	
City/State/ZIP: Portland, OR 97205	
Phone: (503) 310-4639	Fax:
E-mail: cliffe@bora.co	
CONTRACTOR	
Business name: Pacific Crest Structures, Inc	
Address: 17750 SW Upper Boones Ferry Rd., Suite 190	
City/State/ZIP: Durham, OR 97224	
Phone: (503) 968-8949	Fax:
CCB lic.: 66915	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$116,160
Existing building area:	103,00 square feet
New building area:	0 square feet
Number of stories:	3
Type of construction:	IA - Non Sprinklered
Occupancy groups:	B and E
Existing:	2,856 sf E and 100,144 sf B
New:	5,471 sf E and 97,529 sf 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	179.20
Amount received	
Date received:	

Authorized signature: <i>Leslie Cliffe</i>	Date:
Print name: Leslie Cliffe	06/26/20

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

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

Form B70-1001 REV 11/19



### Building Permit Application

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

OFFICE USE ONLY		
Date Received:	6-25-2020	Permit No.: B2020-2187
Date Issued:	7/7/2020	
		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: 9400 SW Beaverton Hillsdale Hwy	
City/State/ZIP: Portland, OR 97225	
Suite/bldg./apt. no.: 136 & 130	Project name: Edison High School TI
Cross street/directions to job site: Valley Plaza shopping center office building	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Construct two new classrooms. Interior finishes updated including carpet, paint, and new LED lighting.	
<input type="checkbox"/> PROPERTY OWNER	<input checked="" type="checkbox"/> TENANT
Name: Edison High School	
Address: 9020 SW Beaverton Hillsdale Hwy	
City/State/ZIP: Portland, OR 97225	
Phone: (503) 297-2336	Fax:
E-mail: nhurd@edisonhs.org	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: Bora Architects	
Contact name: Leslie Cliffe	
Address: 720 SW Washington, Suite 800	
City/State/ZIP: Portland, OR 97205	
Phone: (503) 310-4639	Fax:
E-mail: cliffe@bora.co	
CONTRACTOR	
Business name: Pacific Crest Structures, Inc	
Address: 17750 SW Upper Boones Ferry Rd., Suite 190	
City/State/ZIP: Durham, Or 97224	
Phone: (503) 968-8949	Fax:
CCB lic.: 66915	
Authorized signature: <i>Leslie Cliffe</i>	Date:
Print name: Leslie Cliffe	Date: 06/24/20

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	\$116,160
Existing building area:	103,000 square feet
New building area:	0 square feet
Number of stories:	3
Type of construction:	IA - Non Sprinklered
Occupancy groups:	B and E
Existing:	2,856 sf E and 100,144 sf B
New:	5,471 sf E and 97,529 sf 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	1528.60
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/bldg

OFFICE USE ONLY	
Date Received: 07/01/2020	Permit No. B2020-2276
Date Issued: 7/2/2020	PA
CITY OF BEAVERTON BUILDING DIVISION	
Payment Type:	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input 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: 8253 SW Cirrus Drive	
City/State/ZIP: Beaverton, OR 97008-5995	
Suite/bldg./apt. no.: 16-C1	Project name: Speculative
Cross street/directions to job site: SW Hall Blvd.	
Subdivision:	Lot no.: 01300
Tax map/parcel no.: 1S127AB	
DESCRIPTION OF WORK	
This project involves limited construction of new improvements to accommodate a new tenant in previously occupied tenant space.	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Harsch Investment Properties	
Address: 8275 SW Cirrus Drive	
City/State/ZIP: Beaverton, OR 97008-5995	
Phone: (503) 450-0831	Fax:
E-mail: EmilyM@Harsch.com	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Robert Simpson Architect, PC	
Contact name: Robert C. Simpson	
Address: 6121 NE Rosebay Drive	
City/State/ZIP: Hillsboro, OR 97124-5046	
Phone: (503) 709-9653	Fax:
E-mail: R.C.Simpson@iCloud.com	
CONTRACTOR	
Business name: Pacific Crest Structures	
Address: 17750 SW Upper Boones Ferry Road, Suite 190	
City/State/ZIP: Durham, OR 97224-7086	
Phone: (503) 530-6787	Fax:
CCB lic.: 66915	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$17,700.00
Existing building area:	17,444 square feet
New building area:	0 square feet
Number of stories:	1
Type of construction:	3-B
Occupancy groups:	B/F-1/S-1
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	
Amount received	
Date received:	

Authorized signature:	
Print name:	Robert C. Simpson
Date:	1 Jul 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: 07/02/2020	Permit No.: B2020-2318
Date Issued: 7/9/2020	Payment Type:

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other: High School
JOB SITE INFORMATION AND LOCATION	
Job site address: 1841 SW Merlo Dr.	
City/State/ZIP: Beaverton, Or. 97006	
Suite/bldg./apt. no.:	Project name:
Cross street/directions to job site: Merlo High School, CTE Lab SW corner of building.	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Modify fire alarm to facilitate new classroom layout.	
<input type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: Gore Electric Company	
Contact name: Darrell Gore	
Address: 24658 SW Daniel Rd.	
City/State/ZIP: Beaverton, Or. 97078	
Phone: 971-297-8198	Fax:
E-mail: Darrell@goreec.com	
CONTRACTOR	
Business name: Gore Electric Company	
Address: 24658 SW Daniel Rd.	
City/State/ZIP: Beaverton, Or. 97078	
Phone: 9712978198	Fax:
CCB lic.: 223107	

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

REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Existing building area:	50981 square feet
New building area:	50981 square feet
Number of stories:	1
Type of construction:	III-B
Occupancy groups:	E,B
Existing:	E,B
New:	E,B

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

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

Authorized signature:	Date:
Print name: Darrell Gore	7/2/2020

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

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

Form B70-1001 REV 11/19



### Building Permit Application

Community Development Department, Building Division  
 City of Beaverton  
 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: 07/02/2020	Permit No.: B2020-2285
Date Issued: 7/16/2020	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: 13515 SW Millikan Way	
City/State/ZIP: Beaverton OR 97005	
Suite/bldg./apt. no.:	Project name: Code UL Front Entry
Cross street/directions to job site: SW Millikan Way, SW Hocken Ave	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Installing a new non-bearing pony wall, 5'-6" tall by 10'-0" long, no electrical/plumbing or mechanical work performed.	
<input type="checkbox"/> PROPERTY OWNER	<input checked="" type="checkbox"/> TENANT
Name: Code Unlimited	
Address: 13515 SW Millikan Way	
City/State/ZIP: Beaverton OR, 97005	
Phone: (503) 516-2834	Fax:
E-mail: joshua.richards@codeul.com	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: Code Unlimited	
Contact name: Josh Richards	
Address: 13515 SW Millikan Way	
City/State/ZIP: Beaverton OR, 97005	
Phone: (503) 516-2834	Fax:
E-mail: joshua.richards@codeul.com	
CONTRACTOR	
Business name: Adept PDX Construction	
Address:	
City/State/ZIP:	
Phone:	Fax:
CCB lic.: 218393	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Existing building area:	5,840 square feet
New building area:	5,840 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	\$104.45
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:	Date:
Print name:	



### 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: 06/29/2020	Permit No.: B2020-2210
Date Issued: 7/6/2020	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: 12530 SW Stillwell Lane	
City/State/ZIP: Beaverton, OR 97008	
Suite/bldg./apt. no.:	Project name:
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.: Pacer Hill, lot 9, acres .21	
DESCRIPTION OF WORK	
Addition of window in existing wall in storage/attic room.	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Laura Zimmerman	
Address: 12530 SW Stillwell Lane	
City/State/ZIP: Beaverton, OR 97008	
Phone: (971) 330-1787	Fax:
E-mail: sierrasunrise@hotmail.com	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name:	
Contact name: Laura Zimmerman	
Address: 12530 SW Stillwell Lane	
City/State/ZIP: Beaverton, OR 97008	
Phone: (971) 330-1787	Fax:
E-mail: sierrasunrise@hotmail.com	
CONTRACTOR	
Business name: owner	
Address:	
City/State/ZIP:	
Phone:	Fax:
CCB lic.: N/A	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$600
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	50.20
Amount received	
Date received:	

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

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

Authorized signature:	Date:
Print name: Laura Zimmerman	06/29/20



### Building Permit Application

Community Development Department, Building Division  
 City of Beaverton  
 12726 SW Millikan Way / PO Box 4755  
 Beaverton, OR 97076  
 Phone: (503) 626-2403; Fax: (503) 626-2550  
 www.BeavertonOregon.gov/blb

OFFICE USE ONLY	
Date Received: 4/20/2020	Permit No.: B2020-1390
Date Issued: 7/6/2020	BEA
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: 9375 SW Beaverton Hillsdale Hwy	
City/State/ZIP: Beaverton, OR 97005	
Sub/bldg./apt. no.:	Project name: Chipotle TI
Cross street/directions to job site: NE of SW Beaverton Hillsdale Hwy & SW Jamieson Rd.	
Subdivision:	Lot no.:
Tax map/parcel no.: 9500	
DESCRIPTION OF WORK	
BUILDING AND SITE IMPROVEMENT SCOPE OF WORK FOR A NEW FAST-CASUAL RESTAURANT TENANT IMPROVEMENT.	
<input type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: CHIPOTLE MEXICAN GRILL, INC.	
Address: PO BOX 182566	
City/State/ZIP: COLUMBUS, OH 43218-2566	
Phone: (614) 318-2400	Fax:
E-mail: SCOTT.BROWN@CHIPOTLE.COM	
<input type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: HARLAN R. FAUST, ARCHITECT	
Contact name: BENJAMIN FIEDLER	
Address: 14344 Y STREET, SUITE 204	
City/State/ZIP: OMAHA, NE 68137	
Phone: (402) 895-0878 x289	Fax: (402) 895-9561
E-mail: BFIEDLER@FHAARCHITECTS.COM	
CONTRACTOR	
Business name: TBD - Western Construction Services, Inc.	
Address: 2300 E 3rd Loop, 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	\$725,000
Existing building area:	4,025 square feet
New building area:	4,025 square feet
Number of stories:	1
Type of construction:	V-B
Occupancy groups:	
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	\$5,837.79
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:	Date:
	17 APR 2020
Print name:	
BENJAMIN FIEDLER	



### 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: 06/03/2020	Permit No.: B2020-1880
Date Issued: 7-2-20	By: <i>JK</i>
CITY OF BEAVERTON BUILDING DIVISION	
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 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: 3920 SW 141st Ave	
City/State/ZIP: Beaverton, OR 97005	
Suite/bldg./apl. no.:	Project name: HMMotorsports Solar Array
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Installation of Roof Mounted Ballasted Solar Array 71.1kW	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Herzog Meier Auto Group	
Address: 4275 SW 139th Way	
City/State/ZIP: Beaverton, OR 97005	
Phone: (503) 644-9121	Fax:
E-mail: tom.herzog@herzogmeier.com	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: Earthlight Technologies	
Contact name: Aaron Eddy	
Address: 1037 Commerce Ct	
City/State/ZIP: Silverton OR 97381	
Phone: (512) 473-9385	Fax:
E-mail: aaron@earthlighttech.com	
CONTRACTOR	
Business name: Earthlight Technologies	
Address: 1037 Commerce Ct	
City/State/ZIP: Silverton OR 97381	
Phone: (503) 874-4142	Fax:
CCB lic.: 201408	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$202,000
Existing building area:	0 square feet
New building area:	0 square feet
Number of stories:	2.0
Type of construction:	Alteration - Solar
Occupancy groups:	Group B
Existing:	Group B
New:	Group B
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	\$2,177.66
Amount received	
Date received:	

Authorized signature: *Aaron Eddy*

Print name: Aaron Eddy	Date: 03/11/20
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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: 6/22/2020	Permit No.: B2020-2143
Date Issued: 7-2-20	By: <i>MC</i>
	Payment Type: <i>MC</i>

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input 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: 7960 Barnard Dr	
City/State/ZIP: Beaverton, Or 97007	
Suite/bldg./apt. no.:	Project name: Home Residence
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.: R1016073	
DESCRIPTION OF WORK	
repair of vehicle damage to front of garage.	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Christi and Matt Horne	
Address: 7960 Barnard Dr	
City/State/ZIP: Beaverton, Or 97007	
Phone: (503) 419-7648	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: TM Rippey Consulting Engineers	
Contact name: Ralph Turnbaugh	
Address: 7650 SW Beveland St. Suite 100	
City/State/ZIP: Tigard, Or 97223	
Phone: (503) 443-3900	Fax:
E-mail: rturnbaugh@tmrippy.com	
CONTRACTOR	
Business name: Oregon Home Improvement	
Address: 17250 Sw Pilkington	
City/State/ZIP: Lake Oswego, Or 97035	
Phone: (503) 635-6248	Fax:
CCB lic.: 34908	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	10,000
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	0 square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet

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

**NOTICE**

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

BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	139.05
Amount received	
Date received:	

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

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

Authorized signature: <i>[Signature]</i>	Date: 06/10/20
Print name: Ralph Turnbaugh	



### 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: 5/5/2020	Permit No.: B2020-1550
Date Issued: 7/1/2020	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: 8275 SW Cirrus Drive	
City/State/ZIP: Beaverton, OR 97008	
Suite/bldg./apt. no.:	Project name: Parkside Courtyard
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Remove existing roofing down to ply wood decking. Mechanically fasten 2" fire rated ISO insulation. Mechanically fasten .060 TPO single ply membrane. Class A UL roof system (attached in submittals).	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Harsch Investments	
Address: 1221 SW Salmon St #400	
City/State/ZIP: Portland, OR 97205	
Phone: (503) 242-2900	Fax:
E-mail: llsar@harsch.com	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: ABC Roofing a Tecta America Company	
Contact name: Brian Kearney	
Address: 11305 NE Marx St	
City/State/ZIP: Portland, OR 97220	
Phone: (971) 282-8398	Fax:
E-mail: b.kearney@tectaamerica.com	
CONTRACTOR	
Business name: ABC Roofing a Tecta America Company	
Address: 11305 NE Marx St	
City/State/ZIP: Portland, OR 97220	
Phone: (503) 786-0616	Fax:
CCB lic.: 228297	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate 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	\$561,299
Existing building area:	57200 square feet
New building area:	57200 square feet
Number of stories:	2
Type of construction:	Re-Roof
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	5489.04
Amount received	
Date received:	

Authorized signature:	Date:
Brian Kearney	05/04/20

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

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

Form B70-1001 REV 11/19



### Building Permit Application

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

OFFICE USE ONLY	
Date Received: 05/27/2020	Permit No.: B2020-1809
Date Issued: 5-1-20	By: <i>KU</i>
CITY OF BEAVERTON BUILDING DIVISION	
Payment Type: <i>Visa</i>	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 15995 SW Walker Road	
City/State/ZIP: Beaverton, OR 97006	
Suite/bldg./apt. no.:	Project name: FM Partial Food Remodel
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Fixture reset of the grocery portion of the store. Demo of Peets Coffee. Relocation of Murray Cheese Kiosk w/floating ceiling. Build a new partial height wall around seating area. Remove (2) existing checkstands & relocate (6) existing self-checkout units.	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input checked="" type="checkbox"/> TENANT
Name: Fred Meyer - Nick Breninger	
Address: 3800 Se 22nd Avenue	
City/State/ZIP: Portland, OR 97219	
Phone: (503) 797-3526	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: Western Construction Services	
Contact name: Pam Deegan	
Address: 2300 E. 3rd Loop, Ste. 110	
City/State/ZIP: Vancouver, WA 98661	
Phone: (360) 953-8517	Fax: (360) 694-7818
E-mail: pam@westernconstruction.com	
CONTRACTOR	
Business name: Western Construction Services	
Address: 2300 E. 3rd Loop, Ste. 110	
City/State/ZIP: Vancouver, WA 98661	
Phone: (360) 953-8517	Fax: (360) 694-7818
CCB Lic.: 63717	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$325,000
Existing building area:	36,500 square feet
New building area:	No Chng square feet
Number of stories:	1
Type of construction:	V-B (Assumed)
Occupancy groups:	
Existing:	M
New:	M - No Change
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	\$3,116.89
Amount received	
Date received:	

Authorized signature: *Pamela A. Deegan*

Print name: Pamela A. Deegan	Date: 05.26.20
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This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

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

Form B70-1001 REV 11/19