



**City Of Beaverton**  
 12725 SW Milkan Way  
 Beaverton, OR 97076  
 Phone: 503-526-2542  
 Email: cunderwood@beavertonoregon.gov

**Residential Electrical Authorization To Begin Work**

*B2020-2500*

**05350-BEL-20-00503**

Approval Code: 716142 7/16/2020 3:24 pm

E-mailed To: mikeselectric@mikeselectric.biz

| TYPE OF WORK  |  |
|---|--|
| <input type="checkbox"/> New Construction                             | <input checked="" type="checkbox"/> Addition/alteration/replacement  |
| CATEGORY OF CONSTRUCTION  |  |
| <input checked="" type="checkbox"/> 1 or 2 family dwelling            | <input type="checkbox"/> Multi-family <input type="checkbox"/> Commercial <input type="checkbox"/> Accessory |
| JOB SITE INFORMATION AND LOCATION                                     |  |
| Job Address: 7355 SW DANIELLE AVE                                     |  |
| City/State/ZIP: BEAVERTON, OR 97008                                   |  |
| Suite/bldg./apt.no.:  |  |
| Project Name: DEFRANK   |  |
| Cross Street/directions to job site:                                  |  |
| Tax map/parcel no.: 1S121CA07400                                      |  |
| DESCRIPTION OF WORK   |  |
| NEW CIRCUIT FOR OUTLET & EXTENDED LIGHTING CIRCUIT. BOTH FOR BATHROOM |  |
| APPLICANT   |  |
| Name: Darryl Mollenhauer  |  |
| Phone: 5036496991   | Fax: 5032967860  |
| Email:  |  |
| CONTRACTOR  |  |
| Elec lic. no.: C643   | CCB lic. no.: 191094   |
| Business Name: MOLLENHAUER ENTERPRISES INC                            |  |
| Contact:  |  |
| Address: 11070 SW ALLEN BLVD  |  |
| City/State/ZIP: BEAVERTON, OR 97005                                   |  |
| Phone: 5036496991   | Fax: 5036411902  |
| Email: mikeselectric@mikeselectric.biz                                |  |
| Metro lic. no.:   | City lic. no.:   |
| Supervising Electrician's lic. no.:                                   |  |
| Supervising Electrician's Name:                                       |  |
| Number of inspections included in paid services:                      |  |
| Residential Service:  | 4  |
| Reconnect Only:   | 1  |
| All Other Services:   | 2  |

| PLAN REVIEW   |   |   |   |
|---|---|---|---|
| Please check all that apply:  |   | <input type="checkbox"/> Hazardous locations<br><input type="checkbox"/> A service or feeder rated at 600 amps or more<br><input type="checkbox"/> Buildings more than three stor<br><input type="checkbox"/> Marinas and boat yards<br><input type="checkbox"/> Floating buildings<br><input type="checkbox"/> Commercial-use agricultural buildings<br><input type="checkbox"/> Installation of a 150 KVA or larger separately derived sys<br><input type="checkbox"/> "A", "E", or "I-2" or "I-3"<br><input type="checkbox"/> Recreational Vehicle Parks<br><input type="checkbox"/> Supply voltage for more than 600 supply volts nominal |   |
| <input type="checkbox"/> A service or feeder beginning at 400 Amps where the available fault current exceeds 10,000 Amps at 150 Volts or less to ground exceeds 14,000 Amps for all other | <input type="checkbox"/> Fire pumps             | <input type="checkbox"/> Emergency systems  | <input type="checkbox"/> Addition of a new motor load of 100 HP or more |
| <input type="checkbox"/> Six or more residential units in one structure   | <input type="checkbox"/> Health care facilities |   |   |
| FEE SCHEDULE  |   |   |   |
| Description   | Qty.  | Ea.   | Total   |
| Branch circuits   |   |   |   |
| Branch circuits without service or feeder   | 1   | \$81.14   | \$81.14   |
| Branch circuits each additional circuit without service   | 1   | \$4.26  | \$4.26  |
| Electrical Permit Fees  |   |   |   |
| Subtotal  |   |   | \$85.40   |
| State surcharge (12% of permit total)   |   |   | \$10.25   |
| <b>TOTAL PERMIT FEE</b>   |   |   | <b>\$95.65</b>  |

Upon review and approval by your local jurisdiction, your permit will be e-mailed or faxed within one business day, with instructions on how to schedule your inspection.

NOTE: This Authorization To Begin Work expires within 180 days if a permit is not obtained.

The local building department may determine that an Authorization To Begin Work is null and void if it does not meet applicable land use laws and local ordinances.

**This Authorization to Begin Work is not a permit, to schedule inspections you need a permit from City Of Beaverton**  
 Inspections Phone: 503-526-2400 Inspections Email: cunderwood@beavertonoregon.gov  
 This Authorization To Begin Work must be posted at the job site until replaced by a Permit



**City Of Beaverton**  
 12725 SW Millikan Way  
 Beaverton, OR 97076  
 Phone: 503-526-2542  
 Email: cunderwood@beavertonoregon.gov

**Residential Electrical Authorization To Begin Work**

**05350-BEL-20-00502**

Approval Code: 03419P 7/16/2020 8:11 am

E-mailed To: info@rkelectric.biz

B2020-2496

| TYPE OF WORK   |  |
|--|--|
| <input type="checkbox"/> New Construction                  | <input checked="" type="checkbox"/> Addition/alteration/replacement  |
| CATEGORY OF CONSTRUCTION                                   |  |
| <input checked="" type="checkbox"/> 1 or 2 family dwelling | <input type="checkbox"/> Multi-family <input type="checkbox"/> Commercial <input type="checkbox"/> Accessory |
| JOB SITE INFORMATION AND LOCATION                          |  |
| Job Address: 11165 SW PARTRIDGE LOOP                       |  |
| City/State/ZIP: BEAVERTON, OR 97007                        |  |
| Suite/bldg./apt.no.:                                       |  |
| Project Name: #11489 Muller                                |  |
| Cross Street/directions to job site:                       |  |
| Tax map/parcel no.: 1S132CA01500                           |  |
| DESCRIPTION OF WORK  |  |
| Hot tub, ceiling fans, outdoor lighting                    |  |
| APPLICANT  |  |
| Name: Carol Owens  |  |
| Phone: 503-640-1344  | Fax: 503-356-0513  |
| Email:   |  |
| CONTRACTOR   |  |
| Elec lic. no.: 34-375C                                     | CCB lic. no.: 94275  |
| Business Name: RK ELECTRIC INC                             |  |
| Contact:   |  |
| Address: 24495 NW OAK DR                                   |  |
| City/State/ZIP: HILLSBORO, OR 97124                        |  |
| Phone: 5036401344  | Fax: 5033560513  |
| Email: rkurtz@rkelectric.biz                               |  |
| Metro lic. no.:  | City lic. no.:   |
| Supervising Electrician's lic. no.:                        |  |
| Supervising Electrician's Name:                            |  |
| Number of inspections included in paid services:           |  |
| Residential Service:                                       | 4  |
| Reconnect Only:  | 1  |
| All Other Services:  | 2  |

| PLAN REVIEW   |   |   |  |
|---|---|---|--|
| <b>Please check all that apply:</b>   |   |   |  |
| <input type="checkbox"/> A service or feeder beginning at 400 Amps where the available fault current exceeds 10,000 Amps at 150 Volts or less to ground exceeds 14,000 Amps for all other | <input type="checkbox"/> Fire pumps                                     | <input type="checkbox"/> Hazardous locations  | <input type="checkbox"/> A service or feeder rated at 600 amps or more         |
| <input type="checkbox"/> Emergency systems  | <input type="checkbox"/> Addition of a new motor load of 100 HP or more | <input type="checkbox"/> Buildings more than three stor                             | <input type="checkbox"/> Marinas and boat yards                                |
| <input type="checkbox"/> Six or more residential units in one structure   | <input type="checkbox"/> Health care facilities                         | <input type="checkbox"/> Floating buildings   | <input type="checkbox"/> Commercial-use agricultural buildings                 |
|   |   | <input type="checkbox"/> Installation of a 150 KVA or larger separately derived sys | <input type="checkbox"/> "A", "E", or "I-2" or "I-3"                           |
|   |   | <input type="checkbox"/> Recreational Vehicle Parks                                 | <input type="checkbox"/> Supply voltage for more than 600 supply volts nominal |
| FEE SCHEDULE  |   |   |  |
| Description   | Qty.  | Ea.   | Total  |
| <b>Branch circuits</b>  |   |   |  |
| Branch circuits without service or feeder   | 1   | \$81.14   | \$81.14  |
| Branch circuits each additional circuit without service   | 4   | \$4.26  | \$17.04  |
| <b>Electrical Permit Fees</b>   |   |   |  |
| Subtotal  |   |   | \$98.18  |
| State surcharge (12% of permit total)   |   |   | \$11.78  |
| <b>TOTAL PERMIT FEE</b>   |   |   | <b>\$109.96</b>  |

Upon review and approval by your local jurisdiction, your permit will be e-mailed or faxed within one business day, with instructions on how to schedule your inspection.

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 Inspections Phone: 503-526-2400 Inspections Email: cunderwood@beavertonoregon.gov  
 This Authorization To Begin Work must be posted at the job site until replaced by a Permit



### Electrical Permit Application

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: <b>7-16-20</b> | Permit No.: <b>B0020-2494</b> |
| Date Issued: <b>7-16-20</b>   | By: <b>ME</b>                 |
| Payment Type: <b>VISA</b>     |                               |

| TYPE OF WORK  |   |
|---|---|
| <input checked="" type="checkbox"/> New construction  | <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"/> Multi-family   | <input type="checkbox"/> Accessory building               |
| <input type="checkbox"/> Master builder <input type="checkbox"/> Other:   |   |
| JOB SITE INFORMATION AND LOCATION   |   |
| Job no.:  | Job address: <b>4607 SW Main Ave</b>                      |
| City/State/ZIP: <b>Beaverton, OR 97005</b>  |   |
| Suite/bldg./apt. no.:   | Project name: <b>Maryann Apartments</b>                   |
| Cross street/directions to job site:  |   |
| Subdivision:  | Lot no.:  |
| Tax map/parcel no.:   |   |
| DESCRIPTION OF WORK   |   |
| Install temp service.   |   |
| <input type="checkbox"/> PROPERTY OWNER   | <input type="checkbox"/> TENANT                           |
| Name:   |   |
| Address:  |   |
| City/State/ZIP:   |   |
| Phone:  | Fax:  |
| E-mail:   |   |
| Owner Installation: This installation is being made on property that I own, which is not intended for sale, lease, rent, or exchange. |   |
| Owner signature: _____  | Date: _____   |
| <input type="checkbox"/> APPLICANT  | <input type="checkbox"/> CONTACT PERSON                   |
| Business name:  |   |
| Contact name:   |   |
| Address:  |   |
| City/State/ZIP:   |   |
| Phone:  | Fax:  |
| E-mail:   |   |
| CONTRACTOR  |   |
| Business name: <b>Three Phase Electric</b>  |   |
| Address: <b>11490 SE Jennifer St</b>  |   |
| City/State/ZIP: <b>Clackamas, OR 97015</b>  |   |
| Phone: <b>503-908-8059</b>  | Fax: <b>503-908-8052</b>                                  |
| E-mail: <b>permits@threephaseelectric.c</b>   | CCB lic. no.: <b>162368</b>                               |
| Electrical lic. no.: <b>3-332C</b>  | City or metro lic.: <b>8366</b>                           |
| Supervising electrician signature, required: <b>Robert Lane</b>   | <b>6379S</b>  |
| Print name: <b>Robert Lane</b>  | Date: <b>07/16/20</b>                                     |
| Authorized signature: <b>Gail Evans</b>   |   |
| Print name: <b>Gail Evans</b>   | Date: <b>07/16/20</b>                                     |

| PLAN REVIEW   |  |  |   |
|---|--|--|---|
| Please check all that apply:  |  | <input type="checkbox"/> Service or feeder over 600 amps                             |   |
| <input type="checkbox"/> Service or feeder 400amps or more                        | <input type="checkbox"/> Building over three stories                             | <input type="checkbox"/> Marinas and boatyards                                       | <input type="checkbox"/> Floating buildings               |
| <input type="checkbox"/> Fire pump  | <input type="checkbox"/> Commercial-use agricultural buildings                   | <input type="checkbox"/> Installation of 150 KVA or larger separately derived system | <input type="checkbox"/> "A," "E," "I-2," "I-3" occupancy |
| <input type="checkbox"/> Emergency system   | <input type="checkbox"/> Addition of 150 KVA or larger separately derived system | <input type="checkbox"/> "A," "E," "I-2," "I-3" occupancy                            | <input type="checkbox"/> Recreational vehicle parks       |
| <input type="checkbox"/> Addition of new motor load of 100HP* or more             | <input type="checkbox"/> Six or more residential units                           | <input type="checkbox"/> Health-care facilities                                      | <input type="checkbox"/> Hazardous locations              |
| FEE SCHEDULE  |  |  |   |
| Description   | Qty.   | Fee  | Total   |
| <b>Residential single- or multi-family dwelling unit includes attached garage</b> |  |  |   |
| 1,000 sq. ft. or less   |  | 194.64   | 4   |
| Ea. add'l 600 sq. ft. or portion  |  | 34.77  |   |
| Limited energy, residential (with above sq. ft.)                                  |  | 46.42  | 2   |
| Limited energy, multi-family residential (with above sq. ft.)                     |  | 91.72  | 2   |
| <b>Services or feeders: installation, alteration, and/or relocation</b>           |  |  |   |
| 200 amps or less  |  | 115.83   | 2   |
| 201 amps to 400 amps  |  | 137.89   | 2   |
| 401 amps to 600 amps  |  | 229.34   | 2   |
| 601 amps to 1,000 amps  |  | 299.93   | 2   |
| Over 1,000 amps or volts  |  | 690.22   | 2   |
| Utility reconnect   |  | 91.72  | 1   |
| <b>Temporary services or feeders installation, alteration, and/or relocation</b>  |  |  |   |
| 200 amps or less  | 1  | 91.72  | 91.72   |
| 201 amps to 400 amps  |  | 127.41   | 2   |
| 401 amps to 600 amps  |  | 184.11   | 2   |
| 601 amps to 1,000 amps  |  | 225.29   | 2   |
| <b>Branch circuits -- new, alteration, or extension, per panel</b>                |  |  |   |
| A. Fee for branch circuits with above service or feeder fee, each branch circuit  |  | 4.26   | 2   |
| B. Fee for branch circuits without service or feeder fee, first branch circuit    |  | 81.14  | 2   |
| Each add'l branch circuit   |  | 4.26   |   |
| <b>Miscellaneous (service or feeder not included)</b>                             |  |  |   |
| Each manufactured or modular dwelling, service, and/or feeder                     |  | 91.72  | 2   |
| Pump or irrigation circle   |  | 91.72  | 2   |
| Sign or outline lighting  |  | 91.72  | 2   |
| Signal circuit(s) or limited-energy panel, alteration, or extension. Describe:    |  | 91.72  | 2   |
| <b>Each additional inspection over allowable in any of the above</b>              |  |  |   |
| Per inspection  |  | 81.14  |   |
| Investigation fee   |  |  |   |
| Other:  |  |  |   |
| Electrical permit fees  |  |  |   |
| <b>SUBTOTAL</b>   |  |  | <b>91.72</b>  |
| Plan review (25% of permit fee)   |  |  |   |
| State surcharge (12% of permit fee)   |  |  | 11.01   |
| <b>TOTAL PERMIT FEE</b>   |  |  | <b>\$102.73</b>   |

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete.  
 \* Number of inspectors allowed per permit.  
 Form 670-1622 REV 10/17



**City Of Beaverton**  
 12725 SW Millkan Way  
 Beaverton, OR 97076  
 Phone: 503-526-2542  
 Email: cunderwood@beavertonoregon.gov

**Residential Electrical Authorization To Begin Work**

**05350-BEL-20-00501**

Approval Code: 07515G 7/15/2020 6:43 pm

E-mailed To: markselectricllc@icloud.com

B2020-2489

| TYPE OF WORK   |  |
|--|--|
| <input type="checkbox"/> New Construction                  | <input checked="" type="checkbox"/> Addition/alteration/replacement  |
| CATEGORY OF CONSTRUCTION                                   |  |
| <input checked="" type="checkbox"/> 1 or 2 family dwelling | <input type="checkbox"/> Multi-family <input type="checkbox"/> Commercial <input type="checkbox"/> Accessory |
| JOB SITE INFORMATION AND LOCATION                          |  |
| Job Address: 11830 SW EIDER AVE                            |  |
| City/State/ZIP: BEAVERTON, OR 97007                        |  |
| Suite/bldg./apt.no.:                                       |  |
| Project Name: Hall residence                               |  |
| Cross Street/directions to job site:                       |  |
| Tax map/parcel no.: 1S132CC02200                           |  |
| DESCRIPTION OF WORK  |  |
| Adding circuits for new water feature in back yard         |  |
| APPLICANT  |  |
| Name: ANDREW MARKS   |  |
| Phone: 9715067015  | Fax:   |
| Email:   |  |
| CONTRACTOR   |  |
| Elec lic. no.: C1238                                       | CCB lic. no.: 212706   |
| Business Name: MARKS ELECTRIC LLC                          |  |
| Contact:   |  |
| Address: 9845 N SYRACUSE ST                                |  |
| City/State/ZIP: PORTLAND, OR 97203                         |  |
| Phone: 9715067015  | Fax:   |
| Email: MARKSELECTRICLLC@ICLOUD.COM                         |  |
| Metro lic. no.:  | City lic. no.:   |
| Supervising Electrician's lic. no.:                        |  |
| Supervising Electrician's Name:                            |  |
| Number of inspections included in paid services:           |  |
| Residential Service:                                       | 4  |
| Reconnect Only:  | 1  |
| All Other Services:  | 2  |

| PLAN REVIEW   |   |
|---|---|
| Please check all that apply:  |   |
| <input type="checkbox"/> A service or feeder beginning at 400 Amps where the available fault current exceeds 10,000 Amps at 150 Volts or less to ground exceeds 14,000 Amps for all other | <input type="checkbox"/> Hazardous locations  |
| <input type="checkbox"/> Fire pumps   | <input type="checkbox"/> A service or feeder rated at 600 amps or more              |
| <input type="checkbox"/> Emergency systems  | <input type="checkbox"/> Buildings more than three stor                             |
| <input type="checkbox"/> Addition of a new motor load of 100 HP or more   | <input type="checkbox"/> Marinas and boat yards                                     |
| <input type="checkbox"/> Six or more residential units in one structure   | <input type="checkbox"/> Floating buildings   |
| <input type="checkbox"/> Health care facilities   | <input type="checkbox"/> Commercial-use agricultural buildings                      |
|   | <input type="checkbox"/> Installation of a 150 KVA or larger separately derived sys |
|   | <input type="checkbox"/> "A", "E", or "I-2" or "I-3"                                |
|   | <input type="checkbox"/> Recreational Vehicle Parks                                 |
|   | <input type="checkbox"/> Supply voltage for more than 600 supply volts nominal      |

| FEE SCHEDULE  |      |         |                |
|---|------|---------|----------------|
| Description   | Qty. | Ea.     | Total          |
| <b>Branch circuits</b>                                  |      |         |                |
| Branch circuits without service or feeder               | 1    | \$81.14 | \$81.14        |
| Branch circuits each additional circuit without service | 1    | \$4.26  | \$4.26         |
| <b>Electrical Permit Fees</b>                           |      |         |                |
| Subtotal  |      |         | \$85.40        |
| State surcharge (12% of permit total)                   |      |         | \$10.25        |
| <b>TOTAL PERMIT FEE</b>                                 |      |         | <b>\$95.65</b> |

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### Electrical Permit Application

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: 11/16/2020 Permit No: 152020-2446  
 Date Issued: 11/16/2020  
 Payment Type:

| TYPE OF WORK  |   |
|---|---|
| <input type="checkbox"/> New construction   | <input checked="" type="checkbox"/> Addition/alteration/replacement |
| <input type="checkbox"/> Other:   |   |
| CATEGORY OF CONSTRUCTION  |   |
| <input type="checkbox"/> 1- and 2-family dwelling   | <input type="checkbox"/> Commercial/industrial                      |
| <input checked="" type="checkbox"/> Multi-family  | <input type="checkbox"/> Accessory building                         |
| <input type="checkbox"/> Master builder <input type="checkbox"/> Other:   |   |
| JOB SITE INFORMATION AND LOCATION   |   |
| Job no.:  | Job address: 5425-5495 SW Hall Blvd.                                |
| City/State/ZIP: Beaverton, OR 97076   |   |
| Suite/bldg./apt. no.:   | Project name: Fourplex remodel                                      |
| Cross street/directions to job site: On SW Hall between SW 9th and 12th St.   |   |
| Subdivision:  | Lot no.:  |
| Tax map/parcel no.: 1S115CC04201  |   |
| DESCRIPTION OF WORK   |   |
| Update electrical items, and add electrical in addition.  |   |
| <input checked="" type="checkbox"/> PROPERTY OWNER  | <input type="checkbox"/> TENANT                                     |
| Name: Ilya Jr. Zagaryuk   |   |
| Address: 14732 SW Wyeast Avenue.  |   |
| City/State/ZIP: Damascus, OR 97089  |   |
| Phone: (503) 819-6522   | Fax:  |
| E-mail: uka164881@gmail.com   |   |
| Owner Installation: This installation is being made on property that I own, which is not intended for sale, lease, rent, or exchange. |   |
| Owner signature: _____ Date: _____  |   |
| <input checked="" type="checkbox"/> APPLICANT   | <input type="checkbox"/> CONTACT PERSON                             |
| Business name: UKA Construction   |   |
| Contact name: Ilya Zagaryuk   |   |
| Address: 14732 SW Wyeast Avenue.  |   |
| City/State/ZIP: Damascus, OR 97089  |   |
| Phone: (503) 819-6522   | Fax:  |
| E-mail: uka164881@gmail.com   |   |
| CONTRACTOR  |   |
| Business name: Gresham Electric   |   |
| Address: 4718 NE 66th Ave.  |   |
| City/State/ZIP: Vancouver, WA 98661   |   |
| Phone: (360) 521-9936   | Fax:  |
| E-mail: romaniv6069@gmail.com   | CCB lic. no.: 129653  |
| Electrical lic. no.: 26-10046   | City or metro lic.:   |
| Supervising electrician signature, required: <u>[Signature]</u>   |   |
| Print name: Michael Elrod   | Date:   |
| Authorized signature: <u>[Signature]</u>  |   |
| Print name: Ivan Romanyuk   | Date:   |

| PLAN REVIEW   |  |        |        |                 |
|---|--|--------|--------|-----------------|
| Please check all that apply:  |  |        |        |                 |
| <input type="checkbox"/> Service or feeder 400amps or more                        | <input type="checkbox"/> Service or feeder over 600 amps                             |        |        |                 |
| <input type="checkbox"/> Fire pump  | <input type="checkbox"/> Building over three stories                                 |        |        |                 |
| <input type="checkbox"/> Emergency system   | <input type="checkbox"/> Marinas and boatyards                                       |        |        |                 |
| <input type="checkbox"/> Addition of new motor load of 100HP or more              | <input type="checkbox"/> Floating buildings  |        |        |                 |
| <input type="checkbox"/> Six or more residential units                            | <input type="checkbox"/> Commercial-use agricultural buildings                       |        |        |                 |
| <input type="checkbox"/> Health-care facilities                                   | <input type="checkbox"/> Installation of 150 KVA or larger separately derived system |        |        |                 |
| <input type="checkbox"/> Hazardous locations                                      | <input type="checkbox"/> "A," "E," "I-2," "I-3" occupancy                            |        |        |                 |
|   | <input type="checkbox"/> Recreational vehicle parks                                  |        |        |                 |
| FEE SCHEDULE  |  |        |        |                 |
| Description   | Qty.   | Fee    | Total  | *               |
| <b>Residential single- or multi-family dwelling unit includes attached garage</b> |  |        |        |                 |
| 1,000 sq. ft. or less   |  | 194.64 |        | 4               |
| Ea. add'l 500 sq. ft. or portion  |  | 34.77  |        |                 |
| Limited energy, residential (with above sq. ft.)                                  |  | 46.42  |        | 2               |
| Limited energy, multi-family residential (with above sq. ft.)                     |  | 91.72  |        | 2               |
| <b>Services or feeders installation, alteration, and/or relocation</b>            |  |        |        |                 |
| 200 amps or less  | 4  | 115.83 | 463.32 | 2               |
| 201 amps to 400 amps  |  | 137.89 |        | 2               |
| 401 amps to 600 amps  |  | 229.34 |        | 2               |
| 601 amps to 1,000 amps  |  | 299.93 |        | 2               |
| Over 1,000 amps or volts  |  | 690.22 |        | 2               |
| Utility reconnect   |  | 91.72  |        | 1               |
| <b>Temporary services or feeders installation, alteration, and/or relocation</b>  |  |        |        |                 |
| 200 amps or less  |  | 91.72  |        | 2               |
| 201 amps to 400 amps  |  | 127.41 |        | 2               |
| 401 amps to 600 amps  |  | 184.11 |        | 2               |
| 601 amps to 1,000 amps  |  | 225.29 |        | 2               |
| <b>Branch circuits - new, alteration, or extension, per panel</b>                 |  |        |        |                 |
| A. Fee for branch circuits with above service or feeder fee, each branch circuit  | 76   | 4.26   | 323.76 | 2               |
| B. Fee for branch circuits without service or feeder fee, first branch circuit    |  | 81.14  |        | 2               |
| Each add'l branch circuit   |  | 4.26   |        |                 |
| <b>Miscellaneous (service or feeder not included)</b>                             |  |        |        |                 |
| Each manufactured or modular dwelling, service, and/or feeder                     |  | 91.72  |        | 2               |
| Pump or irrigation circle   |  | 91.72  |        | 2               |
| Sign or outline lighting  |  | 91.72  |        | 2               |
| Signal circuit(s) or limited-energy panel, alteration, or extension. Describe:    |  | 91.72  |        | 2               |
| <b>Each additional inspection over allowable in any of the above</b>              |  |        |        |                 |
| Per inspection  |  | 81.14  |        |                 |
| Investigation fee   |  |        |        |                 |
| Other:  |  |        |        |                 |
| Electrical permit fees  |  |        |        |                 |
| <b>SUBTOTAL</b>   |  |        |        | <b>787.08</b>   |
| Plan review (25% of permit fee)   |  |        |        |                 |
| State surcharge (12% of permit fee)   |  |        |        | <b>94.45</b>    |
| <b>TOTAL PERMIT FEE</b>   |  |        |        | <b>\$881.53</b> |

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete  
 \* Number of inspections allowed per permit  
 Form 870-1202 REV 10/17



# Electrical Permit Application

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.: <b>B2020-1523</b> |
| Date Issued: <b>7-15-20</b> | By: <i>HW</i>                 |
|                             | Payment Type: <i>Check</i>    |

| TYPE OF WORK  |  |
|---|--|
| <input checked="" type="checkbox"/> New construction  | <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"/> Multi-family   | <input type="checkbox"/> Accessory building              |
|   | <input type="checkbox"/> Master builder                  |
|   | <input type="checkbox"/> Other:                          |
| JOB SITE INFORMATION AND LOCATION   |  |
| Job no.:  | Job address: <b>801 NW 178th AVE</b>                     |
| City/State/ZIP: <b>Beaverton Oregon</b>   |  |
| Suite/bldg./apt. no.:   | Project name: <b>Walker Road</b>                         |
| Cross street/directions to job site:  |  |
| Subdivision:  | Lot no.: <b>4</b>  |
| Tax map/parcel no.:   |  |
| DESCRIPTION OF WORK   |  |
| <b>New Residential Construction</b>   |  |
| <input checked="" type="checkbox"/> PROPERTY OWNER  | <input type="checkbox"/> TENANT                          |
| Name: <b>Sage Built Homes LLC</b>   |  |
| Address: <b>1815 NW 169th Place Suite1040</b>   |  |
| City/State/ZIP: <b>Beaverton Oregon 97006</b>   |  |
| Phone:  | Fax:   |
| E-mail: <b>planning@sagebuilthomesllc.com</b>   |  |
| Owner installation: This installation is being made on property that I own, which is not intended for sale, lease, rent, or exchange. |  |
| Owner signature: _____  | Date: _____  |
| <input checked="" type="checkbox"/> APPLICANT   | <input type="checkbox"/> CONTACT PERSON                  |
| Business name: <b>Sage Built Homes LLC</b>  |  |
| Contact name: <b>Alex Rodriguez</b>   |  |
| Address: <b>1815 NW 169th Place Suite1040</b>   |  |
| City/State/ZIP: <b>Beaverton Oregon 97006</b>   |  |
| Phone: <b>(971) 336-6911</b>  | Fax:   |
| E-mail: <b>Planning@sagebuilthomesllc.com</b>   |  |
| CONTRACTOR  |  |
| Business name: <b>Ross Electric</b>   |  |
| Address: <b>2870 SE 75th AVE Suite 203</b>  |  |
| City/State/ZIP: <b>Hillsboro Oregon 97123</b>   |  |
| Phone: <b>(503) 642-2800</b>  | Fax:   |
| E-mail:   | CCB lic. no.: <b>157891</b>                              |
| Electrical lic. no.: <b>34-436C</b>   | City or metro lic.:                                      |
| Supervising electrician signature, required: <i>Stephen Ross</i>  |  |
| Print name: <b>Stephen Ross</b>   | Date: <b>06/05/20</b>                                    |
| Authorized signature: <i>Alex Rodriguez</i>   |  |
| Print name: <b>Alex Rodriguez</b>   | Date: <b>06/05/20</b>                                    |

| PLAN REVIEW  |  |  |                 |   |
|--|--|--|-----------------|---|
| Please check all that apply:   |  | <input type="checkbox"/> Service or feeder over 600 amps                             |                 |   |
| <input type="checkbox"/> Service or feeder 400amps or more                       | <input type="checkbox"/> Building over three stories                 | <input type="checkbox"/> Marinas and boatyards                                       |                 |   |
| <input type="checkbox"/> Fire pump   | <input type="checkbox"/> Floating buildings                          | <input type="checkbox"/> Commercial-use agricultural buildings                       |                 |   |
| <input type="checkbox"/> Emergency system  | <input type="checkbox"/> Addition of new motor load of 100HP or more | <input type="checkbox"/> Installation of 150 KVA or larger separately derived system |                 |   |
| <input type="checkbox"/> Six or more residential units                           | <input type="checkbox"/> Health-care facilities                      | <input type="checkbox"/> "A," "E," "I-2," "I-3" occupancy                            |                 |   |
| <input type="checkbox"/> Hazardous locations                                     | <input type="checkbox"/> Recreational vehicle parks                  |  |                 |   |
| FEE SCHEDULE   |  |  |                 |   |
| Description  | Qty.   | Fee  | Total           | * |
| <b>Residential single- or multi-family dwelling unit</b>                         |  |  |                 |   |
| <b>Includes attached garage</b>  |  |  |                 |   |
| 1,000 sq. ft. or less  | 1  | 194.64   |                 | 4 |
| Ea. add'l 500 sq. ft. or portion   | 4  | 34.77  |                 |   |
| Limited energy, residential (with above sq. ft.)                                 | 1  | 46.42  |                 | 2 |
| Limited energy, multi-family residential (with above sq. ft.)                    |  | 91.72  |                 | 2 |
| <b>Services or feeders installation, alteration, and/or relocation</b>           |  |  |                 |   |
| 200 amps or less   |  | 115.83   | 115.83          | 2 |
| 201 amps to 400 amps   |  | 137.89   |                 | 2 |
| 401 amps to 600 amps   |  | 229.34   |                 | 2 |
| 601 amps to 1,000 amps   |  | 299.93   |                 | 2 |
| Over 1,000 amps or volts   |  | 690.22   |                 | 2 |
| Utility reconnect  |  | 91.72  |                 | 1 |
| <b>Temporary services or feeders installation, alteration, and/or relocation</b> |  |  |                 |   |
| 200 amps or less   |  | 91.72  |                 | 2 |
| 201 amps to 400 amps   |  | 127.41   |                 | 2 |
| 401 amps to 600 amps   |  | 184.11   |                 | 2 |
| 601 amps to 1,000 amps   |  | 225.29   |                 | 2 |
| <b>Branch circuits - new, alteration, or extension, per panel</b>                |  |  |                 |   |
| A. Fee for branch circuits with above service or feeder fee, each branch circuit |  | 4.26   |                 | 2 |
| B. Fee for branch circuits without service or feeder fee, first branch circuit   |  | 81.14  |                 | 2 |
| Each add'l branch circuit  |  | 4.26   |                 |   |
| <b>Miscellaneous (service or feeder not included)</b>                            |  |  |                 |   |
| Each manufactured or modular dwelling, service, and/or feeder                    |  | 91.72  |                 | 2 |
| Pump or irrigation circle  |  | 91.72  |                 | 2 |
| Sign or outline lighting   |  | 91.72  |                 | 2 |
| Signal circuit(s) or limited-energy panel, alteration, or extension. Describe:   |  | 91.72  |                 | 2 |
| <b>Each additional inspection over allowable in any of the above</b>             |  |  |                 |   |
| Per inspection   |  | 81.14  |                 |   |
| Investigation fee  |  |  |                 |   |
| Other:   |  |  |                 |   |
| Electrical permit fees   |  |  |                 |   |
| <b>SUBTOTAL</b>  |  |  | <b>590.97</b>   |   |
| Plan review (25% of permit fee)  |  |  |                 |   |
| State surcharge (12% of permit fee)  |  |  | <b>102.60</b>   |   |
| <b>TOTAL PERMIT FEE</b>  |  |  | <b>\$855.00</b> |   |

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete  
 \* Number of Inspections allowed per permit.  
 Form B70-1002 REV 10/17



# Electrical Permit Application

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.: B2020-1474 |
| Date issued: <b>7-15-20</b> | By: <i>me</i>          |
| Payment Type: <i>Check</i>  |                        |

| TYPE OF WORK   |  |
|--|--|
| <input checked="" type="checkbox"/> New construction | <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 no.:                          | Job address: <b>795 NW 178TH AVE</b> |

|                 |
|-----------------|
| City/State/ZIP: |
|-----------------|

|                       |                                  |
|-----------------------|----------------------------------|
| Suite/bldg./apt. no.: | Project name: <b>Walker Road</b> |
|-----------------------|----------------------------------|

|                                      |
|--------------------------------------|
| Cross street/directions to job site: |
|--------------------------------------|

|                                 |                   |
|---------------------------------|-------------------|
| Subdivision: <b>Walker Road</b> | Lot no.: <b>3</b> |
|---------------------------------|-------------------|

|                     |
|---------------------|
| Tax map/parcel no.: |
|---------------------|

| DESCRIPTION OF WORK                 |
|-------------------------------------|
| <b>New Residential Construction</b> |

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

|                                   |
|-----------------------------------|
| Name: <b>Sage Built Homes LLC</b> |
|-----------------------------------|

|   |
|---|
| Address: <b>1815 NW 169th Place Suite1040</b> |
|---|

|   |
|---|
| City/State/ZIP: <b>Beaverton Oregon 97006</b> |
|---|

|        |      |
|--------|------|
| Phone: | Fax: |
|--------|------|

|   |
|---|
| E-mail: <b>planning@sagebuilthomesllc.com</b> |
|---|

Owner installation: This installation is being made on property that I own, which is not intended for sale, lease, rent, or exchange.

|                        |             |
|------------------------|-------------|
| Owner signature: _____ | Date: _____ |
|------------------------|-------------|

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

|  |
|--|
| Business name: <b>Sage Built Homes LLC</b> |
|--|

|                                     |
|-------------------------------------|
| Contact name: <b>Alex Rodriguez</b> |
|-------------------------------------|

|   |
|---|
| Address: <b>1815 NW 169th Place Suite1040</b> |
|---|

|   |
|---|
| City/State/ZIP: <b>Beaverton Oregon 97006</b> |
|---|

|                              |      |
|------------------------------|------|
| Phone: <b>(971) 336-6911</b> | Fax: |
|------------------------------|------|

|   |
|---|
| E-mail: <b>Planning@sagebuilthomesllc.com</b> |
|---|

| CONTRACTOR                          |
|-------------------------------------|
| Business name: <b>Ross Electric</b> |

|  |
|--|
| Address: <b>2870 SE 75th AVE Suite 203</b> |
|--|

|   |
|---|
| City/State/ZIP: <b>Hillsboro Oregon 97123</b> |
|---|

|                              |      |
|------------------------------|------|
| Phone: <b>(503) 642-2800</b> | Fax: |
|------------------------------|------|

|         |                             |
|---------|-----------------------------|
| E-mail: | CCB lic. no.: <b>157891</b> |
|---------|-----------------------------|

|                                     |                     |
|-------------------------------------|---------------------|
| Electrical lic. no.: <b>34-436C</b> | City or metro lic.: |
|-------------------------------------|---------------------|

|  |
|--|
| Supervising electrician signature, required: <i>Stephen Ross</i> |
|--|

|                                 |                       |
|---------------------------------|-----------------------|
| Print name: <b>Stephen Ross</b> | Date: <b>04/27/20</b> |
|---------------------------------|-----------------------|

|   |
|---|
| Authorized signature: <i>Alex Rodriguez</i> |
|---|

|                                   |                       |
|-----------------------------------|-----------------------|
| Print name: <b>Alex Rodriguez</b> | Date: <b>04/27/20</b> |
|-----------------------------------|-----------------------|

| PLAN REVIEW  |  |
|--|--|
| Please check all that apply:   | <input type="checkbox"/> Service or feeder over 600 amps                             |
| <input type="checkbox"/> Service or feeder 400amps or more           | <input type="checkbox"/> Building over three stories                                 |
| <input type="checkbox"/> Fire pump                                   | <input type="checkbox"/> Marinas and boatyards                                       |
| <input type="checkbox"/> Emergency system                            | <input type="checkbox"/> Floating buildings  |
| <input type="checkbox"/> Addition of new motor load of 100HP or more | <input type="checkbox"/> Commercial-use agricultural buildings                       |
| <input type="checkbox"/> Six or more residential units               | <input type="checkbox"/> Installation of 150 KVA or larger separately derived system |
| <input type="checkbox"/> Health-care facilities                      | <input type="checkbox"/> "A," "E," "I-2," "I-3" occupancy                            |
| <input type="checkbox"/> Hazardous locations                         | <input type="checkbox"/> Recreational vehicle parks                                  |

| FEE SCHEDULE |      |     |       |   |
|--------------|------|-----|-------|---|
| Description  | Qty. | Fee | Total | * |

|  |  |  |  |  |
|--|--|--|--|--|
| <b>Residential single- or multi-family dwelling unit</b> |  |  |  |  |
| <b>Includes attached garage</b>                          |  |  |  |  |

|                       |   |        |  |   |
|-----------------------|---|--------|--|---|
| 1,000 sq. ft. or less | 1 | 194.64 |  | 4 |
|-----------------------|---|--------|--|---|

|                                  |   |       |  |  |
|----------------------------------|---|-------|--|--|
| Ea. add'l 500 sq. ft. or portion | 3 | 34.77 |  |  |
|----------------------------------|---|-------|--|--|

|  |   |       |  |   |
|--|---|-------|--|---|
| Limited energy, residential (with above sq. ft.) | 1 | 46.42 |  | 2 |
|--|---|-------|--|---|

|   |  |       |  |   |
|---|--|-------|--|---|
| Limited energy, multi-family residential (with above sq. ft.) |  | 91.72 |  | 2 |
|---|--|-------|--|---|

|  |  |  |  |  |
|--|--|--|--|--|
| <b>Services or feeders installation, alteration, and/or relocation</b> |  |  |  |  |
|--|--|--|--|--|

|                  |   |        |        |   |
|------------------|---|--------|--------|---|
| 200 amps or less | 1 | 115.83 | 115.83 | 2 |
|------------------|---|--------|--------|---|

|                      |  |        |  |   |
|----------------------|--|--------|--|---|
| 201 amps to 400 amps |  | 137.89 |  | 2 |
|----------------------|--|--------|--|---|

|                      |  |        |  |   |
|----------------------|--|--------|--|---|
| 401 amps to 600 amps |  | 229.34 |  | 2 |
|----------------------|--|--------|--|---|

|                        |  |        |  |   |
|------------------------|--|--------|--|---|
| 601 amps to 1,000 amps |  | 299.93 |  | 2 |
|------------------------|--|--------|--|---|

|                          |  |        |  |   |
|--------------------------|--|--------|--|---|
| Over 1,000 amps or volts |  | 690.22 |  | 2 |
|--------------------------|--|--------|--|---|

|                   |  |       |  |   |
|-------------------|--|-------|--|---|
| Utility reconnect |  | 91.72 |  | 1 |
|-------------------|--|-------|--|---|

|  |  |  |  |  |
|--|--|--|--|--|
| <b>Temporary services or feeders installation, alteration, and/or relocation</b> |  |  |  |  |
|--|--|--|--|--|

|                  |  |       |  |   |
|------------------|--|-------|--|---|
| 200 amps or less |  | 91.72 |  | 2 |
|------------------|--|-------|--|---|

|                      |  |        |  |   |
|----------------------|--|--------|--|---|
| 201 amps to 400 amps |  | 127.41 |  | 2 |
|----------------------|--|--------|--|---|

|                      |  |        |  |   |
|----------------------|--|--------|--|---|
| 401 amps to 600 amps |  | 184.11 |  | 2 |
|----------------------|--|--------|--|---|

|                        |  |        |  |   |
|------------------------|--|--------|--|---|
| 601 amps to 1,000 amps |  | 225.29 |  | 2 |
|------------------------|--|--------|--|---|

|   |  |  |  |  |
|---|--|--|--|--|
| <b>Branch circuits – new, alteration, or extension, per panel</b> |  |  |  |  |
|---|--|--|--|--|

|  |  |      |  |   |
|--|--|------|--|---|
| A. Fee for branch circuits with above service or feeder fee, each branch circuit |  | 4.26 |  | 2 |
|--|--|------|--|---|

|  |  |       |  |   |
|--|--|-------|--|---|
| B. Fee for branch circuits without service or feeder fee, first branch circuit |  | 81.14 |  | 2 |
|--|--|-------|--|---|

|                           |  |      |  |  |
|---------------------------|--|------|--|--|
| Each add'l branch circuit |  | 4.26 |  |  |
|---------------------------|--|------|--|--|

|   |  |  |  |  |
|---|--|--|--|--|
| <b>Miscellaneous (service or feeder not included)</b> |  |  |  |  |
|---|--|--|--|--|

|   |  |       |  |   |
|---|--|-------|--|---|
| Each manufactured or modular dwelling, service, and/or feeder |  | 91.72 |  | 2 |
|---|--|-------|--|---|

|                           |  |       |  |   |
|---------------------------|--|-------|--|---|
| Pump or irrigation circle |  | 91.72 |  | 2 |
|---------------------------|--|-------|--|---|

|                          |  |       |  |   |
|--------------------------|--|-------|--|---|
| Sign or outline lighting |  | 91.72 |  | 2 |
|--------------------------|--|-------|--|---|

|  |  |       |  |   |
|--|--|-------|--|---|
| Signal circuit(s) or limited-energy panel, alteration, or extension. Describe: |  | 91.72 |  | 2 |
|--|--|-------|--|---|

|  |  |  |  |  |
|--|--|--|--|--|
| <b>Each additional inspection over allowable in any of the above</b> |  |  |  |  |
|--|--|--|--|--|

|                |  |       |  |  |
|----------------|--|-------|--|--|
| Per inspection |  | 81.14 |  |  |
|----------------|--|-------|--|--|

|                   |  |  |  |  |
|-------------------|--|--|--|--|
| Investigation fee |  |  |  |  |
|-------------------|--|--|--|--|

|        |  |  |  |  |
|--------|--|--|--|--|
| Other: |  |  |  |  |
|--------|--|--|--|--|

|                        |  |  |  |  |
|------------------------|--|--|--|--|
| Electrical permit fees |  |  |  |  |
|------------------------|--|--|--|--|

|                                     |                 |
|-------------------------------------|-----------------|
| <b>SUBTOTAL</b>                     | <b>115.83</b>   |
| Plan review (25% of permit fee)     |                 |
| State surcharge (12% of permit fee) | <b>13.90</b>    |
| <b>TOTAL PERMIT FEE</b>             | <b>\$129.73</b> |

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete.  
 \* Number of inspections allowed per permit.  
 Form B70-1002 REV 10/17



# Electrical Permit Application

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>201475</u>   |
| Date Issued: <u>7-15-20</u> | By: <u>HL</u>              |
|                             | Payment Type: <u>Check</u> |

| TYPE OF WORK  |  |
|---|--|
| <input checked="" type="checkbox"/> New construction  | <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"/> Multi-family   | <input type="checkbox"/> Accessory building              |
| <input type="checkbox"/> Master builder   | <input type="checkbox"/> Other:                          |
| JOB SITE INFORMATION AND LOCATION   |  |
| Job no.:  | Job address: <u>765 NW 178TH AVE</u>                     |
| City/State/ZIP:   |  |
| Suite/bldg./apt. no.:   | Project name: <u>Walker Road</u>                         |
| Cross street/directions to job site:  |  |
| Subdivision: <u>Walker Road</u>   | Lot no.: <u>5</u>  |
| Tax map/parcel no.:   |  |
| DESCRIPTION OF WORK   |  |
| New Residential Construction  |  |
| <input checked="" type="checkbox"/> PROPERTY OWNER  | <input type="checkbox"/> TENANT                          |
| Name: <u>Sage Built Homes LLC</u>   |  |
| Address: <u>1815 NW 169th Place Suite1040</u>   |  |
| City/State/ZIP: <u>Beaverton Oregon 97006</u>   |  |
| Phone:  | Fax:   |
| E-mail: <u>planning@sagebulthomesllc.com</u>  |  |
| Owner Installation: This installation is being made on property that I own, which is not intended for sale, lease, rent, or exchange. |  |
| Owner signature: _____ Date: _____  |  |
| <input checked="" type="checkbox"/> APPLICANT   | <input type="checkbox"/> CONTACT PERSON                  |
| Business name: <u>Sage Built Homes LLC</u>  |  |
| Contact name: <u>Alex Rodriguez</u>   |  |
| Address: <u>1815 NW 169th Place Suite1040</u>   |  |
| City/State/ZIP: <u>Beaverton Oregon 97006</u>   |  |
| Phone: <u>(971) 336-6911</u>  | Fax:   |
| E-mail: <u>Planning@sagebulthomesllc.com</u>  |  |
| CONTRACTOR  |  |
| Business name: <u>Ross Electric</u>   |  |
| Address: <u>2870 SE 75th AVE Suite 203</u>  |  |
| City/State/ZIP: <u>Hillsboro Oregon 97123</u>   |  |
| Phone: <u>(503) 642-2800</u>  | Fax:   |
| E-mail:   | CCB lic. no.: <u>157891</u>                              |
| Electrical lic. no.: <u>34-436C</u>   | City or metro lic.:                                      |
| Supervising electrician signature, required: <u>Stephen Ross</u>  |  |
| Print name: <u>Stephen Ross</u>   | Date: <u>04/27/20</u>                                    |
| Authorized signature: <u>Alex Rodriguez</u>   |  |
| Print name: <u>Alex Rodriguez</u>   | Date: <u>04/27/20</u>                                    |

| PLAN REVIEW   |  |  |          |   |
|---|--|--|----------|---|
| Please check all that apply:  |  | <input type="checkbox"/> Service or feeder over 600 amps |          |   |
| <input type="checkbox"/> Service or feeder 400amps or more                              | <input type="checkbox"/> Building over three stories                                 |  |          |   |
| <input type="checkbox"/> Fire pump  | <input type="checkbox"/> Marinas and boatyards                                       |  |          |   |
| <input type="checkbox"/> Emergency system   | <input type="checkbox"/> Floating buildings  |  |          |   |
| <input type="checkbox"/> Addition of new motor load of 100HP or more                    | <input type="checkbox"/> Commercial-use agricultural buildings                       |  |          |   |
| <input type="checkbox"/> Six or more residential units                                  | <input type="checkbox"/> Installation of 150 KVA or larger separately derived system |  |          |   |
| <input type="checkbox"/> Health-care facilities   | <input type="checkbox"/> "A," "E," "I-2," "I-3" occupancy                            |  |          |   |
| <input type="checkbox"/> Hazardous locations  | <input type="checkbox"/> Recreational vehicle parks                                  |  |          |   |
| FEE SCHEDULE  |  |  |          |   |
| Description   | Qty.   | Fee  | Total    | * |
| <b>Residential single- or multi-family dwelling unit Includes attached garage</b>       |  |  |          |   |
| 1,000 sq. ft. or less   | <u>1</u>   | 194.64   |          | 4 |
| Ea. add'l 500 sq. ft. or portion  | <u>3</u>   | 34.77  |          |   |
| Limited energy, residential (with above sq. ft.)  | <u>1</u>   | 46.42  |          | 2 |
| Limited energy, multi-family residential (with above sq. ft.)                           |  | 91.72  |          | 2 |
| <b>Services or feeders installation, alteration, and/or relocation</b>                  |  |  |          |   |
| 200 amps or less  | 1  | 115.83   | 115.83   | 2 |
| 201 amps to 400 amps  |  | 137.89   |          | 2 |
| 401 amps to 600 amps  |  | 229.34   |          | 2 |
| 601 amps to 1,000 amps  |  | 299.93   |          | 2 |
| Over 1,000 amps or volts  |  | 690.22   |          | 2 |
| Utility reconnect   |  | 91.72  |          | 1 |
| <b>Temporary services or feeders installation, alteration, and/or relocation</b>        |  |  |          |   |
| 200 amps or less  |  | 91.72  |          | 2 |
| 201 amps to 400 amps  |  | 127.41   |          | 2 |
| 401 amps to 600 amps  |  | 184.11   |          | 2 |
| 601 amps to 1,000 amps  |  | 225.29   |          | 2 |
| <b>Branch circuits - new, alteration, or extension, per panel</b>                       |  |  |          |   |
| A. Fee for branch circuits <i>with</i> above service or feeder fee, each branch circuit |  | 4.26   |          | 2 |
| B. Fee for branch circuits <i>without</i> service or feeder fee, first branch circuit   |  | 81.14  |          | 2 |
| Each add'l branch circuit   |  | 4.26   |          |   |
| <b>Miscellaneous (service or feeder not included)</b>                                   |  |  |          |   |
| Each manufactured or modular dwelling, service, and/or feeder                           |  | 91.72  |          | 2 |
| Pump or irrigation circle   |  | 91.72  |          | 2 |
| Sign or outline lighting  |  | 91.72  |          | 2 |
| Signal circuit(s) or limited-energy panel, alteration, or extension. Describe:          |  | 91.72  |          | 2 |
| <b>Each additional inspection over allowable in any of the above</b>                    |  |  |          |   |
| Per Inspection  |  | 81.14  |          |   |
| Investigation fee   |  |  |          |   |
| Other:  |  |  |          |   |
| Electrical permit fees  |  |  |          |   |
| SUBTOTAL  |  |  | 115.83   |   |
| Plan review (25% of permit fee)   |  |  |          |   |
| State surcharge (12% of permit fee)   |  |  | 13.90    |   |
| TOTAL PERMIT FEE  |  |  | \$129.73 |   |

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

\* Number of inspections allowed per permit.  
 Form B70-1002 REV 10/17



## Electrical Permit Application

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.: <b>B2020-1522</b> |
| Date issued: <b>7-15-20</b> | By: <b>JUL</b>                |
|                             | Payment Type: <b>CHECK</b>    |

| TYPE OF WORK  |  |
|---|--|
| <input checked="" type="checkbox"/> New construction  | <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"/> Multi-family   | <input type="checkbox"/> Master builder                  |
| <input type="checkbox"/> Accessory building   | <input type="checkbox"/> Other:                          |
| JOB SITE INFORMATION AND LOCATION   |  |
| Job no.:  | Job address: <b>785 NW 178th AVE</b>                     |
| City/State/ZIP: <b>Beaverton Oregon</b>   |  |
| Suite/bldg./apt. no.:   | Project name: <b>Walker Road</b>                         |
| Cross street/directions to job site:  |  |
| Subdivision:  | Lot no.: <b>2</b>  |
| Tax map/parcel no.:   |  |
| DESCRIPTION OF WORK   |  |
| <b>New Residential Construction</b>   |  |
| <input checked="" type="checkbox"/> PROPERTY OWNER  | <input type="checkbox"/> TENANT                          |
| Name: <b>Sage Built Homes LLC</b>   |  |
| Address: <b>1815 NW 169th Place Suite1040</b>   |  |
| City/State/ZIP: <b>Beaverton Oregon 97006</b>   |  |
| Phone:  | Fax:   |
| E-mail: <b>planning@sagebuilthomesllc.com</b>   |  |
| Owner installation: This installation is being made on property that I own, which is not intended for sale, lease, rent, or exchange. |  |
| Owner signature: _____ Date: _____  |  |
| <input checked="" type="checkbox"/> APPLICANT   | <input type="checkbox"/> CONTACT PERSON                  |
| Business name: <b>Sage Built Homes LLC</b>  |  |
| Contact name: <b>Alex Rodriguez</b>   |  |
| Address: <b>1815 NW 169th Place Suite1040</b>   |  |
| City/State/ZIP: <b>Beaverton Oregon 97006</b>   |  |
| Phone: <b>(971) 336-6911</b>  | Fax:   |
| E-mail: <b>Planning@sagebuilthomesllc.com</b>   |  |
| CONTRACTOR  |  |
| Business name: <b>Ross Electric</b>   |  |
| Address: <b>2870 SE 75th AVE Suite 203</b>  |  |
| City/State/ZIP: <b>Hillsboro Oregon 97123</b>   |  |
| Phone: <b>(503) 642-2800</b>  | Fax:   |
| E-mail:   | CCB lic. no.: <b>157891</b>                              |
| Electrical lic. no.: <b>34-436C</b>   | City or metro lic.:                                      |
| Supervising electrician signature, required: <b>Stephen Ross</b>  |  |
| Print name: <b>Stephen Ross</b>   | Date: <b>06/05/20</b>                                    |
| Authorized signature: <b>Alex Rodriguez</b>   |  |
| Print name: <b>Alex Rodriguez</b>   | Date: <b>06/05/20</b>                                    |

| PLAN REVIEW   |  |  |               |                 |
|---|--|--|---------------|-----------------|
| Please check all that apply:  |  | <input type="checkbox"/> Service or feeder over 600 amps       |               |                 |
| <input type="checkbox"/> Service or feeder 400amps or more                              | <input type="checkbox"/> Building over three stories                                 | <input type="checkbox"/> Marinas and boatyards                 |               |                 |
| <input type="checkbox"/> Fire pump  | <input type="checkbox"/> Floating buildings  | <input type="checkbox"/> Commercial-use agricultural buildings |               |                 |
| <input type="checkbox"/> Emergency system   | <input type="checkbox"/> Installation of 150 KVA or larger separately derived system | <input type="checkbox"/> "A," "E," "I-2," "I-3" occupancy      |               |                 |
| <input type="checkbox"/> Addition of new motor load of 100HP or more                    | <input type="checkbox"/> Recreational vehicle parks                                  |  |               |                 |
| <input type="checkbox"/> Six or more residential units                                  |  |  |               |                 |
| <input type="checkbox"/> Health-care facilities   |  |  |               |                 |
| <input type="checkbox"/> Hazardous locations  |  |  |               |                 |
| FEE SCHEDULE  |  |  |               |                 |
| Description   | Qty.   | Fee  | Total         | *               |
| <b>Residential single- or multi-family dwelling unit</b>                                |  |  |               |                 |
| <b>Includes attached garage</b>   |  |  |               |                 |
| 1,000 sq. ft. or less   | 1  | 194.64   |               | 4               |
| Ea. add'l 500 sq. ft. or portion  | 4  | 34.77  |               |                 |
| Limited energy, residential (with above sq. ft.)  | 1  | 46.42  |               | 2               |
| Limited energy, multi-family residential (with above sq. ft.)                           |  | 91.72  |               | 2               |
| <b>Services or feeders installation, alteration, and/or relocation</b>                  |  |  |               |                 |
| 200 amps or less  |  | 115.83   | 115.83        | 2               |
| 201 amps to 400 amps  |  | 137.89   |               | 2               |
| 401 amps to 600 amps  |  | 229.34   |               | 2               |
| 601 amps to 1,000 amps  |  | 299.93   |               | 2               |
| Over 1,000 amps or volts  |  | 690.22   |               | 2               |
| Utility reconnect   |  | 91.72  |               | 1               |
| <b>Temporary services or feeders installation, alteration, and/or relocation</b>        |  |  |               |                 |
| 200 amps or less  |  | 91.72  |               | 2               |
| 201 amps to 400 amps  |  | 127.41   |               | 2               |
| 401 amps to 600 amps  |  | 184.11   |               | 2               |
| 601 amps to 1,000 amps  |  | 225.29   |               | 2               |
| <b>Branch circuits - new, alteration, or extension, per panel</b>                       |  |  |               |                 |
| A. Fee for branch circuits <i>with</i> above service or feeder fee, each branch circuit |  | 4.26   |               | 2               |
| B. Fee for branch circuits <i>without</i> service or feeder fee, first branch circuit   |  | 81.14  |               | 2               |
| Each add'l branch circuit   |  | 4.26   |               |                 |
| <b>Miscellaneous (service or feeder not included)</b>                                   |  |  |               |                 |
| Each manufactured or modular dwelling, service, and/or feeder                           |  | 91.72  |               | 2               |
| Pump or irrigation circle   |  | 91.72  |               | 2               |
| Sign or outline lighting  |  | 91.72  |               | 2               |
| Signal circuit(s) or limited-energy panel, alteration, or extension. Describe:          |  | 91.72  |               | 2               |
| <b>Each additional inspection over allowable in any of the above</b>                    |  |  |               |                 |
| Per inspection  |  | 81.14  |               |                 |
| Investigation fee   |  |  |               |                 |
| Other:  |  |  |               |                 |
| Electrical permit fees  |  |  |               |                 |
| <b>SUBTOTAL</b>   |  |  | <b>286.84</b> |                 |
| Plan review (25% of permit fee)   |  |  |               |                 |
| State surcharge (12% of permit fee)   |  |  |               | <b>34.42</b>    |
| <b>TOTAL PERMIT FEE</b>   |  |  |               | <b>\$321.26</b> |

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

\* Number of inspections allowed per permit.



**City Of Beaverton**  
 12725 SW Millikan Way  
 Beaverton, OR 97076  
 Phone: 503-526-2542  
 Email: cunderwood@beavertonoregon.gov

**Commercial Electrical Authorization To Begin Work**

**05350-BEL-20-00500**

Approval Code: 015916 7/15/2020 2:13 pm

E-mailed To: Jennifer@coxelectricoregon.com

32020-2481

| TYPE OF WORK   |   |
|--|---|
| <input type="checkbox"/> New Construction                    | <input checked="" type="checkbox"/> Addition/alteration/replacement   |
| CATEGORY OF CONSTRUCTION                                     |   |
| <input type="checkbox"/> 1 or 2 family dwelling              | <input type="checkbox"/> Multi-family <input checked="" type="checkbox"/> Commercial <input type="checkbox"/> Accessory |
| JOB SITE INFORMATION AND LOCATION                            |   |
| Job Address: 9655 SW SUNSHINE CT                             |   |
| City/State/ZIP: BEAVERTON, OR 97005                          |   |
| Suite/bldg./apt.no.: 1100                                    |   |
| Project Name: MARKUS AND ASSOCIATES                          |   |
| Cross Street/directions to job site: ONE FOR ONE LED UPGRADE |   |
| Tax map/parcel no.: 1S123BA01101                             |   |
| DESCRIPTION OF WORK  |   |
| ONE FOR ONE LED UPGRADE                                      |   |
| APPLICANT  |   |
| Name: Jennifer Wall  |   |
| Phone: 5039813320  | Fax:  |
| Email:   |   |
| CONTRACTOR   |   |
| Elec lic. no.: C1096   | CCB lic. no.: 206055  |
| Business Name: COX ELECTRIC INC                              |   |
| Contact:   |   |
| Address: 3855 CASCADIA CANYON AVE STE 110                    |   |
| City/State/ZIP: SALEM, OR 97302                              |   |
| Phone: 5039819920  | Fax:  |
| Email: zandi@coxelectricoregon.com                           |   |
| Metro lic. no.:  | City lic. no.:  |
| Supervising Electrician's lic. no.:                          |   |
| Supervising Electrician's Name:                              |   |
| Number of inspections included in paid services:             |   |
| Residential Service:   | 4   |
| Reconnect Only:  | 1   |
| All Other Services:  | 2   |

| PLAN REVIEW   |   |   |  |
|---|---|---|--|
| <b>Please check all that apply:</b>   |   | <input type="checkbox"/> Hazardous locations  |  |
| <input type="checkbox"/> A service or feeder beginning at 400 Amps where the available fault current exceeds 10,000 Amps at 150 Volts or less to ground exceeds 14,000 Amps for all other | <input type="checkbox"/> A service or feeder rated at 600 amps or more  | <input type="checkbox"/> Buildings more than three stor                             | <input type="checkbox"/> Marinas and boat yards                                |
| <input type="checkbox"/> Fire pumps   | <input type="checkbox"/> Emergency systems                              | <input type="checkbox"/> Floating buildings   | <input type="checkbox"/> Commercial-use agricultural buildings                 |
| <input type="checkbox"/> Addition of a new motor load of 100 HP or more   | <input type="checkbox"/> Six or more residential units in one structure | <input type="checkbox"/> Installation of a 150 KVA or larger separately derived sys | <input type="checkbox"/> "A", "E", or "I-2" or "I-3"                           |
| <input type="checkbox"/> Health care facilities   | <input type="checkbox"/> Health care facilities                         | <input type="checkbox"/> Recreational Vehicle Parks                                 | <input type="checkbox"/> Supply voltage for more than 600 supply volts nominal |
| FEE SCHEDULE  |   |   |  |
| Description   | Qty.  | Ea.   | Total  |
| <b>Branch circuits</b>  |   |   |  |
| Branch circuits without service or feeder   | 1   | \$81.14   | \$81.14  |
| Branch circuits each additional circuit without service   | 1   | \$4.26  | \$4.26   |
| <b>Electrical Permit Fees</b>   |   |   |  |
| Subtotal  |   |   | \$85.40  |
| State surcharge (12% of permit total)   |   |   | \$10.25  |
| <b>TOTAL PERMIT FEE</b>   |   |   | <b>\$95.65</b>   |

Upon review and approval by your local Jurisdiction, your permit will be e-mailed or faxed within one business day, with instructions on how to schedule your inspection.

NOTE: This Authorization To Begin Work expires within 180 days if a permit is not obtained.

The local building department may determine that an Authorization To Begin Work is null and void if it does not meet applicable land use laws and local ordinances.

**This Authorization to Begin Work is not a permit, to schedule inspections you need a permit from City Of Beaverton**  
 Inspections Phone: 503-526-2400 Inspections Email: cunderwood@beavertonoregon.gov  
**This Authorization To Begin Work must be posted at the job site until replaced by a Permit**



**City Of Beaverton**  
 12725 SW Millikan Way  
 Beaverton, OR 97076  
 Phone: 503-526-2542  
 Email: cunderwood@beavertonoregon.gov

**Commercial Electrical Authorization To Begin Work**

**05350-BEL-20-00499**

Approval Code: 07618Z 7/15/2020 7:19 am

E-mailed To: portlandpermits@cochraninc.com

B2020-2476

| TYPE OF WORK  |   |
|---|---|
| <input type="checkbox"/> New Construction   | <input checked="" type="checkbox"/> Addition/alteration/replacement   |
| CATEGORY OF CONSTRUCTION  |   |
| <input type="checkbox"/> 1 or 2 family dwelling   | <input type="checkbox"/> Multi-family <input checked="" type="checkbox"/> Commercial <input type="checkbox"/> Accessory |
| JOB SITE INFORMATION AND LOCATION   |   |
| Job Address: 16250 SW JENKINS RD  |   |
| City/State/ZIP: BEAVERTON, OR 97006   |   |
| Suite/bldg./apt.no.:  |   |
| Project Name: TriMet 13.2kv Repair  |   |
| Cross Street/directions to job site:  |   |
| Tax map/parcel no.: 1S106DA00300  |   |
| DESCRIPTION OF WORK   |   |
| 516686 PM525 TriMet 13.2kv Repair / Perform preventative maintenance on 600a 13.2kv switchgear / Greg Bambusch is PM and Paul Phillips is Electrician |   |
| APPLICANT   |   |
| Name: Stephanie Swenson   |   |
| Phone: 9712054256   | Fax: 9712054268   |
| Email:  |   |
| CONTRACTOR  |   |
| Elec lic. no.: 37-546C  | CCB lic. no.: 72942   |
| Business Name: COCHRAN INC  |   |
| Contact:  |   |
| Address: 7550 SW TECH CENTER DRIVE #220   |   |
| City/State/ZIP: TIGARD, OR 97223  |   |
| Phone: 9712054242   | Fax: 9712054268   |
| Email: MGROGAN@COCHRANINC.COM   |   |
| Metro lic. no.:   | City lic. no.:  |
| Supervising Electrician's lic. no.:   |   |
| Supervising Electrician's Name:   |   |
| Number of inspections included in paid services:  |   |
| Residential Service:  | 4   |
| Reconnect Only:   | 1   |
| All Other Services:   | 2   |

| PLAN REVIEW   |  |   |  |
|---|--|---|--|
| <b>Please check all that apply:</b>   |  | <input type="checkbox"/> Hazardous locations  |  |
| <input type="checkbox"/> A service or feeder beginning at 400 Amps where the available fault current exceeds 10,000 Amps at 150 Volts or less to ground exceeds 14,000 Amps for all other | <input type="checkbox"/> A service or feeder rated at 600 amps or more         | <input type="checkbox"/> Buildings more than three stor                             | <input type="checkbox"/> Marinas and boat yards                |
| <input type="checkbox"/> Fire pumps   | <input type="checkbox"/> Emergency systems                                     | <input type="checkbox"/> Floating buildings   | <input type="checkbox"/> Commercial-use agricultural buildings |
| <input type="checkbox"/> Addition of a new motor load of 100 HP or more   | <input type="checkbox"/> Six or more residential units in one structure        | <input type="checkbox"/> Installation of a 150 KVA or larger separately derived sys | <input type="checkbox"/> "A", "E", or "I-2" or "I-3"           |
| <input type="checkbox"/> Health care facilities   | <input type="checkbox"/> Supply voltage for more than 600 supply volts nominal | <input type="checkbox"/> Recreational Vehicle Parks                                 |  |
| FEE SCHEDULE  |  |   |  |
| Description   | Qty.   | Ea.   | Total  |
| <b>Branch circuits</b>  |  |   |  |
| Branch circuits without service or feeder   | 1  | \$81.14   | \$81.14  |
| <b>Electrical Permit Fees</b>   |  |   |  |
| Subtotal  |  |   | \$81.14  |
| State surcharge (12% of permit total)   |  |   | \$9.74   |
| <b>TOTAL PERMIT FEE</b>   |  |   | <b>\$90.88</b>   |

Upon review and approval by your local jurisdiction, your permit will be e-mailed or faxed within one business day, with instructions on how to schedule your inspection.

NOTE: This Authorization To Begin Work expires within 180 days if a permit is not obtained.

The local building department may determine that an Authorization To Begin Work is null and void if it does not meet applicable land use laws and local ordinances.

**This Authorization to Begin Work is not a permit, to schedule inspections you need a permit from City Of Beaverton**  
 Inspections Phone: 503-526-2400 Inspections Email: cunderwood@beavertonoregon.gov  
 This Authorization To Begin Work must be posted at the job site until replaced by a Permit



# Electrical Permit Application

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: <b>7-14-20</b> | Permit No.: <b>B2020-2468</b> |
| Date Issued: <b>7-15-20</b>   | By: <b>JK</b>                 |
|                               | Payment Type: <b>Visa</b>     |

| TYPE OF WORK  |   |
|---|---|
| <input type="checkbox"/> New construction   | <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"/> Multi-family   | <input type="checkbox"/> Accessory building                         |
|   | <input type="checkbox"/> Master builder                             |
|   | <input type="checkbox"/> Other:                                     |
| JOB SITE INFORMATION AND LOCATION   |   |
| Job no.:  | Job address: <b>6355 SW Lombard Ave.</b>                            |
| City/State/ZIP: <b>Beaverton, OR 97008</b>  |   |
| Suite/bldg./apt. no.:   | Project name: <b>Lombard Plaza Apts</b>                             |
| Cross street/directions to job site:  |   |
| Subdivision:  | Lot no.:  |
| Tax map/parcel no.:   |   |
| DESCRIPTION OF WORK   |   |
| <b>(9) unit panel changes for apartment remodel (units 100-108)</b>   |   |
| <input type="checkbox"/> PROPERTY OWNER   | <input type="checkbox"/> TENANT                                     |
| Name:   |   |
| Address:  |   |
| City/State/ZIP:   |   |
| Phone:  | Fax:  |
| E-mail:   |   |
| Owner Installation: This installation is being made on property that I own, which is not intended for sale, lease, rent, or exchange. |   |
| Owner signature: _____ Date: _____  |   |
| <input checked="" type="checkbox"/> APPLICANT   | <input type="checkbox"/> CONTACT PERSON                             |
| Business name: <b>Garner Electric</b>   |   |
| Contact name: <b>Brittany Burian</b>  |   |
| Address: <b>2890 SE Brookwood Ave.</b>  |   |
| City/State/ZIP: <b>Hillsboro, OR 97123</b>  |   |
| Phone: <b>(503) 648-4552</b>  | Fax: <b>(503) 642-7925</b>  |
| E-mail: <b>permits@garnerelectric.com</b>   |   |
| CONTRACTOR  |   |
| Business name: <b>Garner Electric</b>   |   |
| Address: <b>2890 SE Brookwood Ave.</b>  |   |
| City/State/ZIP: <b>Hillsboro, OR 97123</b>  |   |
| Phone: <b>(503) 648-4552</b>  | Fax: <b>(503) 642-7925</b>  |
| E-mail: <b>permits@garnerelectric.com</b>   | CCB lic. no.: <b>121159</b>   |
| Electrical lic. no.: <b>34-305C</b>   | City or metro lic.: <b>4410</b>                                     |
| Supervising electrician signature, required:  |   |
| Print name: <b>Charles Garner</b>   | Date: <b>07/14/20</b>   |
| Authorized signature:   |   |
| Print name: <b>Brittany Burian</b>  | Date: <b>07/14/20</b>   |

| PLAN REVIEW  |      |   |                   |        |
|--|------|---|-------------------|--------|
| Please check all that apply:   |      | <input type="checkbox"/> Service or feeder over 600 amps<br><input type="checkbox"/> Building over three stories<br><input type="checkbox"/> Marinas and boatyards<br><input type="checkbox"/> Floating buildings<br><input type="checkbox"/> Commercial-use agricultural buildings<br><input type="checkbox"/> Installation of 150 KVA or larger separately derived system<br><input type="checkbox"/> "A," "E," "I-2," "I-3" occupancy<br><input type="checkbox"/> Recreational vehicle parks |                   |        |
| <input type="checkbox"/> Service or feeder 400amps or more<br><input type="checkbox"/> Fire pump<br><input type="checkbox"/> Emergency system<br><input type="checkbox"/> Addition of new motor load of 100HP or more<br><input type="checkbox"/> Six or more residential units<br><input type="checkbox"/> Health-care facilities<br><input type="checkbox"/> Hazardous locations |      |   |                   |        |
| FEE SCHEDULE   |      |   |                   |        |
| Description  | Qty. | Fee   | Total             | *      |
| <b>Residential single- or multi-family dwelling unit</b>   |      |   |                   |        |
| <b>Includes attached garage</b>  |      |   |                   |        |
| 1,000 sq. ft. or less  |      | 194.64  |                   | 4      |
| Ea. add'l 500 sq. ft. or portion   |      | 34.77   |                   |        |
| Limited energy, residential (with above sq. ft.)   |      | 46.42   |                   | 2      |
| Limited energy, multi-family residential (with above sq. ft.)  |      | 91.72   |                   | 2      |
| <b>Services or feeders installation, alteration, and/or relocation</b>   |      |   |                   |        |
| 200 amps or less   | 9    | 115.83  | 1,042.47          | 2      |
| 201 amps to 400 amps   |      | 137.89  |                   | 2      |
| 401 amps to 600 amps   |      | 229.34  |                   | 2      |
| 601 amps to 1,000 amps   |      | 299.93  |                   | 2      |
| Over 1,000 amps or volts   |      | 690.22  |                   | 2      |
| Utility reconnect  |      | 91.72   |                   | 1      |
| <b>Temporary services or feeders installation, alteration, and/or relocation</b>   |      |   |                   |        |
| 200 amps or less   |      | 91.72   |                   | 2      |
| 201 amps to 400 amps   |      | 127.41  |                   | 2      |
| 401 amps to 600 amps   |      | 184.11  |                   | 2      |
| 601 amps to 1,000 amps   |      | 225.29  |                   | 2      |
| <b>Branch circuits - new, alteration, or extension, per panel</b>  |      |   |                   |        |
| A. Fee for branch circuits <i>with</i> above service or feeder fee, each branch circuit  |      | 4.26  |                   | 2      |
| B. Fee for branch circuits <i>without</i> service or feeder fee, first branch circuit  |      | 81.14   |                   | 2      |
| Each add'l branch circuit  |      | 4.26  |                   |        |
| <b>Miscellaneous (service or feeder not included)</b>  |      |   |                   |        |
| Each manufactured or modular dwelling, service, and/or feeder  |      | 91.72   |                   | 2      |
| Pump or irrigation circle  |      | 91.72   |                   | 2      |
| Sign or outline lighting   |      | 91.72   |                   | 2      |
| Signal circuit(s) or limited-energy panel, alteration, or extension. Describe:   |      | 91.72   |                   | 2      |
| <b>Each additional inspection over allowable in any of the above</b>   |      |   |                   |        |
| Per inspection   |      | 81.14   |                   |        |
| Investigation fee  |      |   |                   |        |
| Other:   |      |   |                   |        |
| Electrical permit fees   |      |   |                   |        |
| <b>SUBTOTAL</b>  |      |   | <b>1,042.47</b>   |        |
| Plan review (25% of permit fee)  |      |   |                   |        |
| State surcharge (12% of permit fee)  |      |   |                   | 125.10 |
| <b>TOTAL PERMIT FEE</b>  |      |   | <b>\$1,167.57</b> |        |

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



City Of Beaverton  
 12725 SW Milikan Way  
 Beaverton, OR 97076  
 Phone: 503-526-2542  
 Email: cunderwood@beavertonoregon.gov

**Commercial Electrical Authorization To Begin Work**

**05350-BEL-20-00498**

Approval Code: 07948G 7/14/2020 12:38 pm

E-mailed To: crystalr@westsideelectric.com

B2020-2466

| TYPE OF WORK   |   |
|--|---|
| <input type="checkbox"/> New Construction            | <input checked="" type="checkbox"/> Addition/alteration/replacement |
| CATEGORY OF CONSTRUCTION                             |   |
| <input type="checkbox"/> 1 or 2 family dwelling      | <input checked="" type="checkbox"/> Multi-family                    |
| <input type="checkbox"/> Commercial                  | <input type="checkbox"/> Accessory                                  |
| JOB SITE INFORMATION AND LOCATION                    |   |
| Job Address: 14284 SW FARMINGTON RD                  |   |
| City/State/ZIP: BEAVERTON, OR 97005                  |   |
| Suite/bldg./apt.no.:                                 |   |
| Project Name: 6936-LAVERNE LANDAUER/COMMUNITY ACTION |   |
| Cross Street/directions to job site:                 |   |
| Tax map/parcel no.:                                  | 1S116BC03900  |
| DESCRIPTION OF WORK                                  |   |
| PANEL CHANGE & HEAT PUMP WIRING                      |   |
| APPLICANT  |   |
| Name: CRYSTAL KREGER                                 |   |
| Phone: 5032311548                                    | Fax:  |
| Email:   |   |
| CONTRACTOR   |   |
| Elec lic. no.:                                       | 26-135C   |
| CCB lic. no.:  | 13306   |
| Business Name: WEST SIDE ELECTRIC COMPANY INC        |   |
| Contact:   |   |
| Address: 1834 SE 8TH AVE                             |   |
| City/State/ZIP: PORTLAND, OR 972143532               |   |
| Phone: 5032311548                                    | Fax: 5037360677   |
| Email: DICKK@WESTSIDELECTRIC.COM                     |   |
| Metro lic. no.:                                      | City lic. no.:  |
| Supervising Electrician's lic. no.:                  |   |
| Supervising Electrician's Name:                      |   |
| Number of inspections included in paid services:     |   |
| Residential Service:                                 | 4   |
| Reconnect Only:                                      | 1   |
| All Other Services:                                  | 2   |

| PLAN REVIEW   |      |   |                 |
|---|------|---|-----------------|
| Please check all that apply:  |      | <input type="checkbox"/> Hazardous locations<br><input type="checkbox"/> A service or feeder rated at 600 amps or more<br><input type="checkbox"/> Buildings more than three stor<br><input type="checkbox"/> Marinas and boat yards<br><input type="checkbox"/> Floating buildings<br><input type="checkbox"/> Commercial-use agricultural buildings<br><input type="checkbox"/> Installation of a 150 KVA or larger seperately derived sys<br><input type="checkbox"/> "A", "E", or "I-2" or "I-3"<br><input type="checkbox"/> Recreational Vehicle Parks<br><input type="checkbox"/> Supply voltage for more than 600 supply volts nominal |                 |
| <input type="checkbox"/> A service or feeder beginning at 400 Amps where the available fault current exceeds 10,000 Amps at 150 Volts or less to ground exceeds 14,000 Amps for all other<br><br><input type="checkbox"/> Fire pumps<br><input type="checkbox"/> Emergency systems<br><input type="checkbox"/> Addition of a new motor load of 100 HP or more<br><input type="checkbox"/> Six or more residential units in one structure<br><input type="checkbox"/> Health care facilities |      |   |                 |
| FEE SCHEDULE  |      |   |                 |
| Description   | Qty. | Ea.   | Total           |
| Services or feeders   |      |   |                 |
| Services 200 amps or less   | 1    | \$115.83  | \$115.83        |
| Branch circuits   |      |   |                 |
| Branch circuits with service or feeder each circuit   | 2    | \$4.26  | \$8.52          |
| Electrical Permit Fees  |      |   |                 |
| Subtotal  |      |   | \$124.35        |
| State surcharge (12% of permit total)   |      |   | \$14.92         |
| <b>TOTAL PERMIT FEE</b>   |      |   | <b>\$139.27</b> |

Upon review and approval by your local Jurisdiction, your permit will be e-mailed or faxed within one business day, with instructions on how to schedule your inspection.

NOTE: This Authorization To Begin Work expires within 180 days if a permit is not obtained.

The local building department may determine that an Authorization To Begin Work is null and void if it does not meet applicable land use laws and local ordinances.

**This Authorization to Begin Work is not a permit, to schedule inspections you need a permit from City Of Beaverton**

**Inspections Phone: 503-526-2400 Inspections Email: cunderwood@beavertonoregon.gov**

**This Authorization To Begin Work must be posted at the job site until replaced by a Permit**



**Electrical Permit Application**

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: <b>7-15-20</b> | Permit No.: <b>B2020-2486</b> |
| Date Issued: <b>7-16-20</b>   | By: <b>JUL</b>                |
| Payment Type: <b>VISA</b>     |                               |

| TYPE OF WORK  |   |
|---|---|
| <input type="checkbox"/> New construction   | <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"/> Multi-family   | <input type="checkbox"/> Accessory building                         |
| <input type="checkbox"/> Master builder <input type="checkbox"/> Other:   |   |
| JOB SITE INFORMATION AND LOCATION   |   |
| Job no.:  | Job address: <b>7170 SW 140th PI</b>                                |
| City/State/ZIP: <b>Beaverton, OR</b>  |   |
| Suite/bldg./apt. no.:   | Project name: <b>Croce</b>  |
| Cross street/directions to job site:  |   |
| Subdiv/lot:   | Lot no.:  |
| Tax map/parcel no.:   |   |
| DESCRIPTION OF WORK   |   |
| <b>New service and branch circuits for water feature and garage plugs</b>   |   |
| <input type="checkbox"/> PROPERTY OWNER   | <input type="checkbox"/> TENANT                                     |
| Name:   |   |
| Address:  |   |
| City/State/ZIP:   |   |
| Phone:  | Fax:  |
| E-mail:   |   |
| Owner installation: This installation is being made on property that I own, which is not intended for sale, lease, rent, or exchange. |   |
| Owner signature: _____  | Date: _____   |
| <input type="checkbox"/> APPLICANT  | <input type="checkbox"/> CONTACT PERSON                             |
| Business name:  |   |
| Contact name:   |   |
| Address:  |   |
| City/State/ZIP:   |   |
| Phone:  | Fax:  |
| E-mail:   |   |
| CONTRACTOR  |   |
| Business name: <b>The Power Works LLC</b>   |   |
| Address: <b>PO Box 1528</b>   |   |
| City/State/ZIP: <b>Boring, OR 97009</b>   |   |
| Phone: <b>(503) 310-9745</b>  | Fax: <b>(503) 622-6612</b>  |
| E-mail: <b>ericmartin@thepowerworksllc</b>  | CCB lic. no.: <b>184278</b>   |
| Electrical lic. no.: <b>C444</b>  | City or metro lic.: <b>9848</b>                                     |
| Supervising electrician signature, required: <b>Eric Martin</b>   |   |
| Print name: <b>Eric Martin</b>  | Date: <b>07/15/20</b>   |
| Authorized signature: <b>Eric Martin</b>  |   |
| Print name: <b>Eric Martin</b>  | Date: <b>07/15/20</b>   |

| PLAN REVIEW   |  |        |                 |              |
|---|--|--------|-----------------|--------------|
| Please check all that apply:  |  |        |                 |              |
| <input type="checkbox"/> Service or feeder 400amps or more                          | <input type="checkbox"/> Service or feeder over 600 amps                             |        |                 |              |
| <input type="checkbox"/> Fire pump  | <input type="checkbox"/> Building over three stories                                 |        |                 |              |
| <input type="checkbox"/> Emergency system   | <input type="checkbox"/> Marinas and boatyards                                       |        |                 |              |
| <input type="checkbox"/> Addition of new motor load of 100HP or more                | <input type="checkbox"/> Floating buildings  |        |                 |              |
| <input type="checkbox"/> Six or more residential units                              | <input type="checkbox"/> Commercial-use agricultural buildings                       |        |                 |              |
| <input type="checkbox"/> Health-care facilities                                     | <input type="checkbox"/> Installation of 150 KVA or larger separately derived system |        |                 |              |
| <input type="checkbox"/> Hazardous locations  | <input type="checkbox"/> "A," "B," "1-2," "1-3" occupancy                            |        |                 |              |
|   | <input type="checkbox"/> Recreational vehicle parks                                  |        |                 |              |
| FEE SCHEDULE  |  |        |                 |              |
| Description   | Qty.   | Fee    | Total           | *            |
| <b>Residential single- or multi-family dwelling unit (includes attached garage)</b> |  |        |                 |              |
| 1,000 sq. ft. or less   |  | 194.64 |                 | 4            |
| Ea. add'l 500 sq. ft. or portion  |  | 34.77  |                 |              |
| Limited energy, residential (with above sq. ft.)                                    |  | 46.42  |                 | 2            |
| Limited energy, multi-family residential (with above sq. ft.)                       |  | 91.72  |                 | 2            |
| <b>Services or feeders, installation, alteration, and/or relocation</b>             |  |        |                 |              |
| 200 amps or less  | 1  | 115.83 | 115.83          | 2            |
| 201 amps to 400 amps  |  | 137.89 |                 | 2            |
| 401 amps to 600 amps  |  | 229.34 |                 | 2            |
| 601 amps to 1,000 amps  |  | 299.93 |                 | 2            |
| Over 1,000 amps or volts  |  | 690.22 |                 | 2            |
| Utility reconnect   |  | 91.72  |                 | 1            |
| <b>Temporary services or feeders, installation, alteration, and/or relocation</b>   |  |        |                 |              |
| 200 amps or less  |  | 91.72  |                 | 2            |
| 201 amps to 400 amps  |  | 127.41 |                 | 2            |
| 401 amps to 600 amps  |  | 184.11 |                 | 2            |
| 601 amps to 1,000 amps  |  | 225.29 |                 | 2            |
| <b>Branch circuits - new, alteration, or extension, per panel</b>                   |  |        |                 |              |
| A. Fee for branch circuits with above service or feeder fee, each branch circuit    | 3  | 4.26   | 12.78           | 2            |
| B. Fee for branch circuits without service or feeder fee, first branch circuit      |  | 81.14  |                 | 2            |
| Each add'l branch circuit   |  | 4.26   |                 |              |
| <b>Miscellaneous (service or feeder not included)</b>                               |  |        |                 |              |
| Each manufactured or modular dwelling, service, and/or feeder                       |  | 91.72  |                 | 2            |
| Pump or irrigation circle   |  | 91.72  |                 | 2            |
| Sign or outline lighting  |  | 91.72  |                 | 2            |
| Signal circuit(a) or limited-energy panel, alteration, or extension. Describe:      |  | 91.72  |                 | 2            |
| <b>Each additional inspection over allowable in any of the above</b>                |  |        |                 |              |
| Per inspection  |  | 81.14  |                 |              |
| Investigation fee   |  |        |                 |              |
| Other:  |  |        |                 |              |
| <b>Electrical permit fees</b>   |  |        |                 |              |
| <b>SUBTOTAL</b>   |  |        | <b>128.61</b>   |              |
| Plan review (25% of permit fee)   |  |        |                 |              |
| State surcharge (12% of permit fee)   |  |        |                 | <b>15.43</b> |
| <b>TOTAL PERMIT FEE</b>   |  |        | <b>\$144.04</b> |              |

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete  
 \* Number of inspections allowed per permit.  
 Form 870-1002 REV 10/17



# Electrical Permit Application

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: 7/14/2020 | Permit No.: 132020-2403 |
| Date Issued: [Signature] | [Signature]             |
|                          | Payment Type:           |

| TYPE OF WORK  |   |
|---|---|
| <input type="checkbox"/> New construction   | <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"/> Multi-family   | <input type="checkbox"/> Master builder                             |
| <input type="checkbox"/> Accessory building   |   |
| <input type="checkbox"/> Other:   |   |
| JOB SITE INFORMATION AND LOCATION   |   |
| Job no.:  | Job address: 1841 SW Merlo Drive                                    |
| City/State/ZIP: Beaverton, OR 97006   |   |
| Suite/bldg./apt. no.:   | Project name: Merlo Station High School                             |
| Cross street/directions to job site:  |   |
| Subdivision:  | Lot no.:  |
| Tax map/parcel no.:   |   |
| DESCRIPTION OF WORK   |   |
| Remount an existing sensor.   |   |
| <input type="checkbox"/> PROPERTY OWNER   | <input type="checkbox"/> TENANT                                     |
| Name: Beaverton School District   |   |
| Address:  |   |
| City/State/ZIP:   |   |
| Phone:  | Fax:  |
| E-mail:   |   |
| Owner Installation: This installation is being made on property that I own, which is not intended for sale, lease, rent, or exchange. |   |
| Owner signature: _____ Date: _____  |   |
| <input checked="" type="checkbox"/> APPLICANT   | <input type="checkbox"/> CONTACT PERSON                             |
| Business name: Arrow Mechanical Contractors, Inc.   |   |
| Contact name: John Chamberlain  |   |
| Address: 10330 SW Tualatin Road   |   |
| City/State/ZIP: Tualatin, OR 97062  |   |
| Phone: (503) 692-1565   | Fax: (503) 691-1879   |
| E-mail: arrowmech@frontier.com  |   |
| CONTRACTOR  |   |
| Business name: Arrow Mechanical Contractors, Inc.   |   |
| Address: 10330 SW Tualatin Road   |   |
| City/State/ZIP: Tualatin, OR 97062  |   |
| Phone: (503) 692-1565   | Fax: (503) 691-1879   |
| E-mail: arrowmech@frontier.com  |   |
| Electrical lic. no.: 4647LEB  | City or metro lic.: 2476  |
| Supervising electrician signature, required: [Signature]  |   |
| Print name: John Chamberlain  | Date: 07/13/20  |
| Authorized signature: [Signature]   |   |
| Print name: John Chamberlain  | Date: 7-13-20   |

| PLAN REVIEW   |  |   |  |  |
|---|--|---|--|--|
| Please check all that apply:  |  | <input type="checkbox"/> Service or feeder over 600 amps<br><input type="checkbox"/> Building over three stories<br><input type="checkbox"/> Marinas and boatyards<br><input type="checkbox"/> Floating buildings<br><input type="checkbox"/> Commercial-use agricultural buildings<br><input type="checkbox"/> Installation of 150 KVA or larger separately derived system<br><input type="checkbox"/> "A," "E," "1-2," "1-3" occupancy<br><input type="checkbox"/> Recreational vehicle parks |  |  |
| <input type="checkbox"/> Service or feeder 400amps or more                        | <input type="checkbox"/> Fire pump           | <input type="checkbox"/> Emergency system   | <input type="checkbox"/> Addition of new motor load of 100HP or more | <input type="checkbox"/> Six or more residential units |
| <input type="checkbox"/> Health-care facilities                                   | <input type="checkbox"/> Hazardous locations |   |  |  |
| FEE SCHEDULE  |  |   |  |  |
| Description   | Qty.   | Fee   | Total  | *  |
| <b>Residential single- or multi-family dwelling unit includes attached garage</b> |  |   |  |  |
| 1,000 sq. ft. or less   |  | 194.64  |  | 4  |
| Ea. add'l 500 sq. ft. or portion  |  | 34.77   |  |  |
| Limited energy, residential (with above sq. ft.)                                  |  | 46.42   |  | 2  |
| Limited energy, multi-family residential (with above sq. ft.)                     |  | 91.72   |  | 2  |
| <b>Services or feeders installation, alteration, and/or relocation</b>            |  |   |  |  |
| 200 amps or less  |  | 115.83  |  | 2  |
| 201 amps to 400 amps  |  | 137.89  |  | 2  |
| 401 amps to 600 amps  |  | 229.34  |  | 2  |
| 601 amps to 1,000 amps  |  | 299.93  |  | 2  |
| Over 1,000 amps or volts  |  | 690.22  |  | 2  |
| Utility reconnect   |  | 91.72   |  | 1  |
| <b>Temporary services or feeders installation, alteration, and/or relocation</b>  |  |   |  |  |
| 200 amps or less  |  | 91.72   |  | 2  |
| 201 amps to 400 amps  |  | 127.41  |  | 2  |
| 401 amps to 600 amps  |  | 184.11  |  | 2  |
| 601 amps to 1,000 amps  |  | 225.29  |  | 2  |
| <b>Branch circuits - new, alteration, or extension, per panel</b>                 |  |   |  |  |
| A. Fee for branch circuits with above service or feeder fee, each branch circuit  |  | 4.26  |  | 2  |
| B. Fee for branch circuits without service or feeder fee, first branch circuit    |  | 81.14   |  | 2  |
| Each add'l branch circuit   |  | 4.26  |  |  |
| <b>Miscellaneous (service or feeder not included)</b>                             |  |   |  |  |
| Each manufactured or modular dwelling, service, and/or feeder                     |  | 91.72   |  | 2  |
| Pump or irrigation circle   |  | 91.72   |  | 2  |
| Sign or outline lighting  |  | 91.72   |  | 2  |
| Signal circuit(s) or limited-energy panel, alteration, or extension. Describe:    |  | 91.72   |  | 2  |
| <b>Each additional inspection over allowable in any of the above</b>              |  |   |  |  |
| Per inspection  |  | 81.14   |  |  |
| Investigation fee   |  |   |  |  |
| Other:  |  |   |  |  |
| Electrical permit fees  |  |   |  |  |
| SUBTOTAL  |  |   | 0.00   |  |
| Plan review (25% of permit fee)   |  |   |  |  |
| State surcharge (12% of permit fee)   |  |   | 0.00   |  |
| <b>TOTAL PERMIT FEE</b>   |  |   | <b>\$0.00</b>  |  |

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete  
 \* Number of inspections allowed per permit.  
 Form B70-1002 REV 10/17



# Electrical Permit Application

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: <b>7-14-20</b> | Permit No.: <b>B2020-2062</b>         |
| Date Issued: <b>7-14-20</b>   | By: <i>[Signature]</i>                |
|                               | Payment Type: <b>check &amp; visa</b> |

| TYPE OF WORK  |   |
|---|---|
| <input type="checkbox"/> New construction   | <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"/> Multi-family   | <input type="checkbox"/> Accessory building                         |
|   | <input type="checkbox"/> Master builder                             |
|   | <input type="checkbox"/> Other:                                     |
| JOB SITE INFORMATION AND LOCATION   |   |
| Job no.:  | Job address: <b>6990 SW Lombard Ave</b>                             |
| City/State/ZIP: <b>Beaverton, OR 97008</b>  |   |
| Suite/bldg./apt. no.:   | Project name: <b>Tomsic</b>   |
| Cross street/directions to job site:  |   |
| Subdivision:  | Lot no.:  |
| Tax map/parcel no.:   |   |
| DESCRIPTION OF WORK   |   |
| Replace existing gas furnace and A/C units  |   |
| <input checked="" type="checkbox"/> PROPERTY OWNER  | <input type="checkbox"/> TENANT                                     |
| Name: <b>JIM &amp; GRETCHEN TOMSIC</b>  |   |
| Address: <b>6990 SW LOMBARD AVE</b>   |   |
| City/State/ZIP: <b>BEAVERTON, OR 97008</b>  |   |
| Phone: <b>(503) 919-9909</b>  | Fax:  |
| E-mail: <b>gretchen.tomsic@gmail.com</b>  |   |
| Owner installation: This installation is being made on property that I own, which is not intended for sale, lease, rent, or exchange. |   |
| Owner signature: _____ Date: _____  |   |
| <input checked="" type="checkbox"/> APPLICANT   | <input type="checkbox"/> CONTACT PERSON                             |
| Business name: <b>WESTERN HEATING &amp; COOLING INC</b>   |   |
| Contact name: <b>DARCY NELSON</b>   |   |
| Address: <b>50618 COLUMBIA RIVER HWY</b>  |   |
| City/State/ZIP: <b>SCAPPOOSE, OR 97056</b>  |   |
| Phone: <b>(503) 647-5808</b>  | Fax: <b>(503) 543-3693</b>  |
| E-mail: <b>DJNELSON@WESTERNHEATING.COM</b>  |   |
| CONTRACTOR  |   |
| Business name: <b>WESTERN HEATING &amp; COOLING INC</b>   |   |
| Address: <b>50618 COLUMBIA RIVER HWY</b>  |   |
| City/State/ZIP: <b>SCAPPOOSE, OR 97056</b>  |   |
| Phone: <b>(503) 647-5808</b>  | Fax: <b>(503) 543-3693</b>  |
| E-mail: <b>djnelson@westernheating.com</b>  | CCB lic. no.: <b>76978</b>  |
| Electrical lic. no.: <b>661LHR / QP193</b>  | City or metro lic.: <b>2619</b>                                     |
| Supervising electrician signature, required: <i>[Signature]</i>   |   |
| Print name: <b>Jud Nelson</b>   | Date: <b>07/07/20</b>   |
| Authorized signature: <i>[Signature]</i>  |   |
| Print name: <b>Darcy Nelson</b>   | Date: <b>07/07/20</b>   |

| PLAN REVIEW   |  |  |  |  |
|---|--|--|--|--|
| Please check all that apply:  |  |  |  |  |
| <input type="checkbox"/> Service or feeder 400amps or more                        | <input type="checkbox"/> Service or feeder over 600 amps | <input type="checkbox"/> Building over three stories                 | <input type="checkbox"/> Floating buildings  | <input type="checkbox"/> Commercial-use agricultural buildings |
| <input type="checkbox"/> Fire pump  | <input type="checkbox"/> Emergency system                | <input type="checkbox"/> Addition of new motor load of 100HP or more | <input type="checkbox"/> Installation of 150 KVA or larger separately derived system | <input type="checkbox"/> "A," "E," "I-2," "I-3" occupancy      |
| <input type="checkbox"/> Six or more residential units                            | <input type="checkbox"/> Health-care facilities          | <input type="checkbox"/> Hazardous locations                         | <input type="checkbox"/> Recreational vehicle parks                                  |  |
| FEE SCHEDULE  |  |  |  |  |
| Description   | Qty.   | Fee  | Total  | *  |
| <b>Residential single- or multi-family dwelling unit includes attached garage</b> |  |  |  |  |
| 1,000 sq. ft. or less   |  | 194.64   |  | 4  |
| Ea. add'l 500 sq. ft. or portion  |  | 34.77  |  |  |
| Limited energy, residential (with above sq. ft.)                                  |  | 46.42  |  | 2  |
| Limited energy, multi-family residential (with above sq. ft.)                     |  | 91.72  |  | 2  |
| <b>Services or feeders installation, alteration, and/or relocation</b>            |  |  |  |  |
| 200 amps or less  |  | 115.83   |  | 2  |
| 201 amps to 400 amps  |  | 137.89   |  | 2  |
| 401 amps to 600 amps  |  | 229.34   |  | 2  |
| 601 amps to 1,000 amps  |  | 299.93   |  | 2  |
| Over 1,000 amps or volts  |  | 690.22   |  | 2  |
| Utility reconnect   |  | 91.72  |  | 1  |
| <b>Temporary services or feeders installation, alteration, and/or relocation</b>  |  |  |  |  |
| 200 amps or less  |  | 91.72  |  | 2  |
| 201 amps to 400 amps  |  | 127.41   |  | 2  |
| 401 amps to 600 amps  |  | 184.11   |  | 2  |
| 601 amps to 1,000 amps  |  | 225.29   |  | 2  |
| <b>Branch circuits – new, alteration, or extension, per panel</b>                 |  |  |  |  |
| A. Fee for branch circuits with above service or feeder fee, each branch circuit  | 1  | 4.26   | 4.26   | 2  |
| B. Fee for branch circuits without service or feeder fee, first branch circuit    |  | 81.14  |  | 2  |
| Each add'l branch circuit   |  | 4.26   |  |  |
| <b>Miscellaneous (service or feeder not included)</b>                             |  |  |  |  |
| Each manufactured or modular dwelling, service, and/or feeder                     |  | 91.72  |  | 2  |
| Pump or irrigation circle   |  | 91.72  |  | 2  |
| Sign or outline lighting  |  | 91.72  |  | 2  |
| Signal circuit(s) or limited-energy panel, alteration, or extension. Describe:    |  | 91.72  |  | 2  |
| <b>Each additional inspection over allowable in any of the above</b>              |  |  |  |  |
| Per inspection  |  | 81.14  |  |  |
| Investigation fee   |  |  |  |  |
| Other:  |  |  |  |  |
| Electrical permit fees  |  |  |  |  |
| SUBTOTAL  |  |  |  | 4.26   |
| Plan review (25% of permit fee)   |  |  |  |  |
| State surcharge (12% of permit fee)   |  |  |  | 0.51   |
| TOTAL PERMIT FEE  |  |  | <b>\$90.86</b>   | <del>\$137</del>   |

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

\* Number of inspections allowed per permit.

Form B70-1002 REV 10/17



# Electrical Permit Application

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: <b>7-14-20</b> | Permit No.: <b>B2020-2461</b> |
| Date Issued: <b>7-14-20</b>   | By: <i>[Signature]</i>        |
| Payment Type: <b>Visa</b>     |                               |

| TYPE OF WORK  |   |
|---|---|
| <input type="checkbox"/> New construction   | <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"/> Multi-family   | <input type="checkbox"/> Accessory building                         |
| <input type="checkbox"/> Master builder <input type="checkbox"/> Other:   |   |
| JOB SITE INFORMATION AND LOCATION   |   |
| Job no.: 109363   | Job address: 16165 SW Regatta Ln                                    |
| City/State/ZIP: Beaverton, OR 97006   |   |
| Suite/bldg./apt. no.:   | Project name: Bombay Pizza  |
| Cross street/directions to job site:  |   |
| Subdivision:  | Lot no.:  |
| Tax map/parcel no.:   |   |
| DESCRIPTION OF WORK   |   |
| Tie in Kitchen Hood   |   |
| <input type="checkbox"/> PROPERTY OWNER   | <input type="checkbox"/> TENANT                                     |
| Name:   |   |
| Address:  |   |
| City/State/ZIP:   |   |
| Phone:  | Fax:  |
| E-mail:   |   |
| Owner installation: This installation is being made on property that I own, which is not intended for sale, lease, rent, or exchange. |   |
| Owner signature: _____ Date: _____  |   |
| <input checked="" type="checkbox"/> APPLICANT   | <input checked="" type="checkbox"/> CONTACT PERSON                  |
| Business name: Performance Systems Integrated   |   |
| Contact name: Katie Harbaugh  |   |
| Address: 7324 SW Durham Rd  |   |
| City/State/ZIP: Portland, OR 97224  |   |
| Phone: (503) 641-2222   | Fax: (503) 641-1464   |
| E-mail: katieh@psintegrated.com   |   |
| CONTRACTOR  |   |
| Business name: Performance Systems Integrated   |   |
| Address: 7324 SW Durham Rd  |   |
| City/State/ZIP: Portland, OR 97224  |   |
| Phone: (503) 641-2222   | Fax: (503) 641-1464   |
| E-mail: katieh@psintegrated.com   | CCB lic. no.: 227526  |
| Electrical lic. no.: CLE569   | City or metro lic.: 11810   |
| Supervising electrician signature, required: <i>Michael Brooks</i>  |   |
| Print name: Michael Brooks  | Date: 07/14/20  |
| Authorized signature: <i>K. Harbaugh</i>  |   |
| Print name: Katie Harbaugh  | Date: 07/14/20  |

| PLAN REVIEW  |  |  |                 |       |
|--|--|--|-----------------|-------|
| Please check all that apply:   |  | <input type="checkbox"/> Service or feeder over 600 amps       |                 |       |
| <input type="checkbox"/> Service or feeder 400amps or more                                 | <input type="checkbox"/> Building over three stories                                 | <input type="checkbox"/> Floating buildings                    |                 |       |
| <input type="checkbox"/> Fire pump   | <input type="checkbox"/> Marinas and boatyards                                       | <input type="checkbox"/> Commercial-use agricultural buildings |                 |       |
| <input type="checkbox"/> Emergency system  | <input type="checkbox"/> Installation of 150 KVA or larger separately derived system | <input type="checkbox"/> "A," "E," "I-2," "I-3" occupancy      |                 |       |
| <input type="checkbox"/> Addition of new motor load of 100HP or more                       | <input type="checkbox"/> Recreational vehicle parks                                  |  |                 |       |
| <input type="checkbox"/> Six or more residential units                                     |  |  |                 |       |
| <input type="checkbox"/> Health-care facilities  |  |  |                 |       |
| <input type="checkbox"/> Hazardous locations   |  |  |                 |       |
| FEE SCHEDULE   |  |  |                 |       |
| Description  | Qty.   | Fee  | Total           | *     |
| <b>Residential single- or multi-family dwelling unit</b>                                   |  |  |                 |       |
| <b>Includes attached garage</b>  |  |  |                 |       |
| 1,000 sq. ft. or less  |  | 194.64   |                 | 4     |
| Ea. add'l 500 sq. ft. or portion   |  | 34.77  |                 |       |
| Limited energy, residential (with above sq. ft.)   |  | 46.42  |                 | 2     |
| Limited energy, multi-family residential (with above sq. ft.)                              |  | 91.72  |                 | 2     |
| <b>Services or feeders installation, alteration, and/or relocation</b>                     |  |  |                 |       |
| 200 amps or less   |  | 115.83   |                 | 2     |
| 201 amps to 400 amps   |  | 137.89   |                 | 2     |
| 401 amps to 600 amps   |  | 229.34   |                 | 2     |
| 601 amps to 1,000 amps   |  | 299.93   |                 | 2     |
| Over 1,000 amps or volts   |  | 690.22   |                 | 2     |
| Utility reconnect  |  | 91.72  |                 | 1     |
| <b>Temporary services or feeders installation, alteration, and/or relocation</b>           |  |  |                 |       |
| 200 amps or less   |  | 91.72  |                 | 2     |
| 201 amps to 400 amps   |  | 127.41   |                 | 2     |
| 401 amps to 600 amps   |  | 184.11   |                 | 2     |
| 601 amps to 1,000 amps   |  | 225.29   |                 | 2     |
| <b>Branch circuits - new, alteration, or extension, per panel</b>                          |  |  |                 |       |
| A. Fee for branch circuits <i>with</i> above service or feeder fee, each branch circuit    |  | 4.26   |                 | 2     |
| B. Fee for branch circuits <i>without</i> service or feeder fee, first branch circuit      |  | 81.14  |                 | 2     |
| Each add'l branch circuit  |  | 4.26   |                 |       |
| <b>Miscellaneous (service or feeder not included)</b>                                      |  |  |                 |       |
| Each manufactured or modular dwelling, service, and/or feeder                              |  | 91.72  |                 | 2     |
| Pump or irrigation circle  |  | 91.72  |                 | 2     |
| Sign or outline lighting   |  | 91.72  |                 | 2     |
| Signal circuit(s) or limited-energy panel, alteration, or extension. Describe: LOW VOLTAGE | 1  | 91.72  | 91.72           | 2     |
| <b>Each additional inspection over allowable in any of the above</b>                       |  |  |                 |       |
| Per inspection   |  | 81.14  |                 |       |
| Investigation fee  |  |  |                 |       |
| Other:   |  |  |                 |       |
| Electrical permit fees   |  |  |                 |       |
| <b>SUBTOTAL</b>  |  |  | <b>91.72</b>    |       |
| Plan review (25% of permit fee)  |  |  |                 |       |
| State surcharge (12% of permit fee)  |  |  |                 | 11.01 |
| <b>TOTAL PERMIT FEE</b>  |  |  | <b>\$102.73</b> |       |

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

\* Number of inspections allowed per permit.



# Electrical Permit Application

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: 7-14-20 | Permit No.: B2020-2457 |
| Date Issued: 7-14-20   | By: <i>HW</i>          |
| Payment Type: MC       |                        |

| TYPE OF WORK   |  |
|--|--|
| <input type="checkbox"/> New construction  | <input type="checkbox"/> Addition/alteration/replacement |
| <input checked="" type="checkbox"/> Other: 40 amp service to shed.   |  |
| CATEGORY OF CONSTRUCTION   |  |
| <input type="checkbox"/> 1- and 2-family dwelling  | <input type="checkbox"/> Commercial/industrial           |
| <input type="checkbox"/> Multi-family  | <input checked="" type="checkbox"/> Accessory building   |
| <input type="checkbox"/> Master builder <input type="checkbox"/> Other:  |  |
| JOB SITE INFORMATION AND LOCATION  |  |
| Job no.:   | Job address: 6565 SW Imperial Dr.                        |
| City/State/ZIP: Beaverton OR 97008   |  |
| Suite/bldg/apt. no.:   | Project name: Koch shed electrification                  |
| Cross street/directions to job site: King Blvd.  |  |
| Subdivision:   | Lot no.:   |
| Tax map/parcel no.:  |  |
| DESCRIPTION OF WORK  |  |
| Running 40 amp service from main panel to sub panel in shed through buried PVC conduit. Two 20 amp circuit breakers in shed sub panel. |  |
| <input checked="" type="checkbox"/> PROPERTY OWNER   | <input type="checkbox"/> TENANT                          |
| Name: Andrew Koch  |  |
| Address: 6565 SW Imperial Dr.  |  |
| City/State/ZIP: Beaverton OR, 97008  |  |
| Phone: 971-506-7140  | Fax:   |
| E-mail: akochplanet@gmail.com  |  |
| Owner installation: This installation is being made on property that I own, which is not intended for sale, lease, rent, or exchange.  |  |
| Owner signature: <i>[Signature]</i>  | Date: 7/13/2020  |
| <input checked="" type="checkbox"/> APPLICANT  | <input checked="" type="checkbox"/> CONTACT PERSON       |
| Business name:   |  |
| Contact name: Andrew Koch  |  |
| Address: 6565 SW Imperial Dr.  |  |
| City/State/ZIP: Beaverton OR, 97008  |  |
| Phone: 971-506-7140  | Fax:   |
| E-mail: akochplanet@gmail.com  |  |
| CONTRACTOR   |  |
| Business name:   |  |
| Address:   |  |
| City/State/ZIP:  |  |
| Phone:   | Fax:   |
| E-mail:  | CCB lic. no.:  |
| Electrical lic. no.:   | City or metro lic.:                                      |
| Supervising electrician signature, required:   |  |
| Print name:  | Date:  |
| Authorized signature:  |  |

| PLAN REVIEW   |   |  |  |  |
|---|---|--|--|--|
| Please check all that apply:  |   | <input type="checkbox"/> Service or feeder over 600 amps             |  |  |
| <input type="checkbox"/> Service or feeder 400amps or more                        | <input type="checkbox"/> Building over three stories      | <input type="checkbox"/> Marinas and boatyards                       | <input type="checkbox"/> Floating buildings            | <input type="checkbox"/> Commercial-use agricultural buildings                       |
| <input type="checkbox"/> Fire pump  | <input type="checkbox"/> Emergency system                 | <input type="checkbox"/> Addition of new motor load of 100HP or more | <input type="checkbox"/> Six or more residential units | <input type="checkbox"/> Health-care facilities                                      |
| <input type="checkbox"/> Addition of new motor load of 100HP or more              | <input type="checkbox"/> Six or more residential units    | <input type="checkbox"/> Health-care facilities                      | <input type="checkbox"/> Hazardous locations           | <input type="checkbox"/> Installation of 150 KVA or larger separately derived system |
| <input type="checkbox"/> Hazardous locations                                      | <input type="checkbox"/> "A," "E," "1-2," "1-3" occupancy | <input type="checkbox"/> Recreational vehicle parks                  |  |  |
| FEE SCHEDULE  |   |  |  |  |
| Description   | Qty.  | Fee  | Total  | *  |
| <b>Residential single- or multi-family dwelling unit includes attached garage</b> |   |  |  |  |
| 1,000 sq. ft. or less   |   | 194.64   |  | 4  |
| Ea. add'l 500 sq. ft. or portion  |   | 34.77  |  |  |
| Limited energy, residential (with above sq. ft.)                                  |   | 46.42  |  | 2  |
| Limited energy, multi-family residential (with above sq. ft.)                     |   | 91.72  |  | 2  |
| <b>Services or feeders installation, alteration, and/or relocation</b>            |   |  |  |  |
| 200 amps or less  | 1   | 115.83   | 115.83   | 2  |
| 201 amps to 400 amps  |   | 137.89   |  | 2  |
| 401 amps to 600 amps  |   | 229.34   |  | 2  |
| 601 amps to 1,000 amps  |   | 299.93   |  | 2  |
| Over 1,000 amps or volts  |   | 690.22   |  | 2  |
| Utility reconnect   |   | 91.72  |  | 1  |
| <b>Temporary services or feeders installation, alteration, and/or relocation</b>  |   |  |  |  |
| 200 amps or less  |   | 91.72  |  | 2  |
| 201 amps to 400 amps  |   | 127.41   |  | 2  |
| 401 amps to 600 amps  |   | 184.11   |  | 2  |
| 601 amps to 1,000 amps  |   | 225.29   |  | 2  |
| <b>Branch circuits -- new, alteration, or extension, per panel</b>                |   |  |  |  |
| A. Fee for branch circuits with above service or feeder fee, each branch circuit  | 2   | 4.26   | 8.52   | 2  |
| B. Fee for branch circuits without service or feeder fee, first branch circuit    |   | 81.14  |  | 2  |
| Each add'l branch circuit   |   | 4.26   |  |  |
| <b>Miscellaneous (service or feeder not included)</b>                             |   |  |  |  |
| Each manufactured or modular dwelling, service, and/or feeder                     |   | 91.72  |  | 2  |
| Pump or irrigation circle   |   | 91.72  |  | 2  |
| Sign or outline lighting  |   | 91.72  |  | 2  |
| Signal circuit(s) or limited-energy panel, alteration, or extension. Describe:    |   | 91.72  |  | 2  |
| <b>Each additional inspection over allowable in any of the above</b>              |   |  |  |  |
| Per inspection  |   | 81.14  |  |  |
| Investigation fee   |   |  |  |  |
| Other:  |   |  |  |  |
| Electrical permit fees  |   |  |  |  |
| <b>SUBTOTAL</b>   |   |  | 124.35   |  |
| Plan review (25% of permit fee)   |   |  |  |  |
| State surcharge (12% of permit fee)   |   |  | 14.92  |  |
| <b>TOTAL PERMIT FEE</b>   |   |  | 139.27   |  |

This permit application expires if a permit is not obtained within 60 days of the date of issuance.



**City Of Beaverton**  
 12725 SW Millkan Way  
 Beaverton, OR 97076  
 Phone: 503-526-2542  
 Email: cunderwood@beavertonoregon.gov

**Residential Electrical Authorization To Begin Work**

**05350-BEL-20-00497**

Approval Code: 027278 7/14/2020 8:22 am

E-mailed To: nic@stumptownconstruction.com

B2020-2454

| TYPE OF WORK   |  |
|--|--|
| <input type="checkbox"/> New Construction                  | <input checked="" type="checkbox"/> Addition/alteration/replacement  |
| CATEGORY OF CONSTRUCTION                                   |  |
| <input checked="" type="checkbox"/> 1 or 2 family dwelling | <input type="checkbox"/> Multi-family <input type="checkbox"/> Commercial <input type="checkbox"/> Accessory |
| JOB SITE INFORMATION AND LOCATION                          |  |
| Job Address: 8468 SW DURANT PL                             |  |
| City/State/ZIP: BEAVERTON, OR 97008                        |  |
| Suite/bldg./apt.no.:                                       |  |
| Project Name: Maller                                       |  |
| Cross Street/directions to job site:                       |  |
| Tax map/parcel no.: 1S128BA05000                           |  |
| DESCRIPTION OF WORK  |  |
| Kitchen Remodel  |  |
| APPLICANT  |  |
| Name: Nicolas Valentine                                    |  |
| Phone: 503-267-2081  | Fax: 503-747-2306  |
| Email:   |  |
| CONTRACTOR   |  |
| Elec lic. no.: C162  | CCB lic. no.: 189013   |
| Business Name: STUMPTOWN CONSTRUCTION INC                  |  |
| Contact:   |  |
| Address: 4804 NE BETHANY BLVD STE 1-2 PMB #169             |  |
| City/State/ZIP: PORTLAND, OR 97229                         |  |
| Phone: 5032672081  | Fax: 503   |
| Email: nic@portlandelectricco.com                          |  |
| Metro lic. no.:  | City lic. no.:   |
| Supervising Electrician's lic. no.:                        |  |
| Supervising Electrician's Name:                            |  |
| Number of inspections included in paid services:           |  |
| Residential Service:                                       | 4  |
| Reconnect Only:  | 1  |
| All Other Services:  | 2  |

| PLAN REVIEW   |   |   |  |
|---|---|---|--|
| Please check all that apply:  |   |   |  |
| <input type="checkbox"/> A service or feeder beginning at 400 Amps where the available fault current exceeds 10,000 Amps at 150 Volts or less to ground exceeds 14,000 Amps for all other | <input type="checkbox"/> Fire pumps                                     | <input type="checkbox"/> Hazardous locations  | <input type="checkbox"/> A service or feeder rated at 600 amps or more         |
| <input type="checkbox"/> Emergency systems  | <input type="checkbox"/> Addition of a new motor load of 100 HP or more | <input type="checkbox"/> Buildings more than three stor                             | <input type="checkbox"/> Marinas and boat yards                                |
| <input type="checkbox"/> Six or more residential units in one structure   | <input type="checkbox"/> Health care facilities                         | <input type="checkbox"/> Floating buildings   | <input type="checkbox"/> Commercial-use agricultural buildings                 |
|   |   | <input type="checkbox"/> Installation of a 150 KVA or larger separately derived sys | <input type="checkbox"/> "A", "E", or "I-2" or "I-3"                           |
|   |   | <input type="checkbox"/> Recreational Vehicle Parks                                 | <input type="checkbox"/> Supply voltage for more than 600 supply volts nominal |
| FEE SCHEDULE  |   |   |  |
| Description   | Qty.  | Ea.   | Total  |
| <b>Branch circuits</b>  |   |   |  |
| Branch circuits without service or feeder   | 1   | \$81.14   | \$81.14  |
| Branch circuits each additional circuit without service   | 2   | \$4.26  | \$8.52   |
| <b>Electrical Permit Fees</b>   |   |   |  |
| Subtotal  |   |   | \$89.66  |
| State surcharge (12% of permit total)   |   |   | \$10.76  |
| <b>TOTAL PERMIT FEE</b>   |   |   | <b>\$100.42</b>  |

Upon review and approval by your local jurisdiction, your permit will be e-mailed or faxed within one business day, with instructions on how to schedule your inspection.

NOTE: This Authorization To Begin Work expires within 180 days if a permit is not obtained.

The local building department may determine that an Authorization To Begin Work is null and void if it does not meet applicable land use laws and local ordinances.

**This Authorization to Begin Work is not a permit, to schedule inspections you need a permit from City Of Beaverton**  
 Inspections Phone: 503-526-2400 Inspections Email: cunderwood@beavertonoregon.gov  
 This Authorization To Begin Work must be posted at the job site until replaced by a Permit



# Electrical Permit Application

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: 11/3/2020 |                        |
|                        | Payment Type:          |

| TYPE OF WORK  |  |
|---|--|
| <input checked="" type="checkbox"/> New construction  | <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"/> Multi-family   | <input type="checkbox"/> Accessory building              |
|   | <input type="checkbox"/> Master builder                  |
|   | <input type="checkbox"/> Other:                          |
| JOB SITE INFORMATION AND LOCATION   |  |
| Job no.:  | Job address: 17326 SW Kite Lane                          |
| City/State/ZIP: Beaverton, OR 97007   |  |
| Suite/bldg./apt. no.:   | Project name: SCM#                                       |
| Cross street/directions to job site:  |  |
| Subdivision: South Cooper MTN HTS   | Lot no.: 96  |
| Tax map/parcel no.:   |  |
| DESCRIPTION OF WORK   |  |
| NEW SFR   |  |
| <input type="checkbox"/> PROPERTY OWNER   | <input type="checkbox"/> TENANT                          |
| Name: Everett Custom Homes INC  |  |
| Address: 3330 NW Yeon Ave, Suite 100  |  |
| City/State/ZIP: Portland, OR 97210  |  |
| Phone: (503) 726-7060   | Fax:   |
| E-mail: jreilly@everetthomesnw.com  |  |
| Owner Installation: This installation is being made on property that I own, which is not intended for sale, lease, rent, or exchange. |  |
| Owner signature:  | Date:  |
| <input type="checkbox"/> APPLICANT  | <input 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: Garner Electric  |  |
| Address: 2920 SE Brookwood Ave  |  |
| City/State/ZIP: Hillsboro OR 97123  |  |
| Phone: 503-648-4552   | Fax:   |
| E-mail: melgarner@garnerelectric.com  | CCB lic. no.: 121159                                     |
| Electrical lic. no.: 34-305C  | City or metro lic.: 4110                                 |
| Supervising electrician signature, required:  |  |
| Print name: Chuck Garner  | Date: 5/29/20  |
| Authorized signature: <i>MRS</i>  |  |
| Print name: Melissa Stock   | Date: 5/29/20  |

| PLAN REVIEW   |  |  |  |   |
|---|--|--|--|---|
| Please check all that apply:  |  | <input type="checkbox"/> Service or feeder over 600 amps       |  |   |
| <input type="checkbox"/> Service or feeder 400amps or more                        | <input type="checkbox"/> Fire pump                                   | <input type="checkbox"/> Building over three stories           | <input type="checkbox"/> Marinas and boatyards                                       | <input type="checkbox"/> Floating buildings               |
| <input type="checkbox"/> Emergency system   | <input type="checkbox"/> Addition of new motor load of 100HP or more | <input type="checkbox"/> Commercial-use agricultural buildings | <input type="checkbox"/> Installation of 150 KVA or larger separately derived system | <input type="checkbox"/> "A," "E," "I-2," "I-3" occupancy |
| <input type="checkbox"/> Six or more residential units                            | <input type="checkbox"/> Health-care facilities                      | <input type="checkbox"/> Hazardous locations                   | <input type="checkbox"/> Recreational vehicle parks                                  |   |
| <input type="checkbox"/> Hazardous locations                                      |  |  |  |   |
| FEE SCHEDULE  |  |  |  |   |
| Description   | Qty.   | Fee  | Total  |   |
| <b>Residential single- or multi-family dwelling unit includes attached garage</b> |  |  |  |   |
| 1,000 sq. ft. or less   | 1  | 194.64   |  | 4   |
| Ea. add'l 500 sq. ft. or portion  | 2  | 34.77  |  |   |
| Limited energy, residential (with above sq. ft.)                                  | 1  | 46.42  | 46.42  | 2   |
| Limited energy, multi-family residential (with above sq. ft.)                     |  | 91.72  |  | 2   |
| <b>Services or feeders installation, alteration, and/or relocation</b>            |  |  |  |   |
| 200 amps or less  |  | 115.83   |  | 2   |
| 201 amps to 400 amps  |  | 137.89   |  | 2   |
| 401 amps to 600 amps  |  | 229.34   |  | 2   |
| 601 amps to 1,000 amps  |  | 299.93   |  | 2   |
| Over 1,000 amps or volts  |  | 690.22   |  | 2   |
| Utility reconnect   |  | 91.72  |  | 1   |
| <b>Temporary services or feeders installation, alteration, and/or relocation</b>  |  |  |  |   |
| 200 amps or less  |  | 91.72  |  | 2   |
| 201 amps to 400 amps  |  | 127.41   |  | 2   |
| 401 amps to 600 amps  |  | 184.11   |  | 2   |
| 601 amps to 1,000 amps  |  | 225.29   |  | 2   |
| <b>Branch circuits - new, alteration, or extension, per panel</b>                 |  |  |  |   |
| A. Fee for branch circuits with above service or feeder fee, each branch circuit  |  | 4.26   |  | 2   |
| B. Fee for branch circuits without service or feeder fee, first branch circuit    |  | 81.14  |  | 2   |
| Each add'l branch circuit   |  | 4.26   |  |   |
| <b>Miscellaneous (service or feeder not included)</b>                             |  |  |  |   |
| Each manufactured or modular dwelling, service, and/or feeder                     |  | 91.72  |  | 2   |
| Pump or irrigation circle   |  | 91.72  |  | 2   |
| Sign or outline lighting  |  | 91.72  |  | 2   |
| Signal circuit(s) or limited-energy panel, alteration, or extension. Describe:    |  | 91.72  |  | 2   |
| <b>Each additional inspection over allowable in any of the above</b>              |  |  |  |   |
| Per inspection  |  | 81.14  |  |   |
| Investigation fee   |  |  |  |   |
| Other:  |  |  |  |   |
| <b>Electrical permit fees</b>   |  |  |  |   |
| <b>SUBTOTAL</b>   |  |  | <b>46.42</b>   |   |
| Plan review (25% of permit fee)   |  |  |  |   |
| State surcharge (12% of permit fee)   |  |  |  | 5.57  |
| <b>TOTAL PERMIT FEE</b>   |  |  | <b>\$51.99</b>   |   |

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete  
 \* Number of inspections allowed per permit.  
 Form 870-1002 REV 10/17



### Electrical Permit Application

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 | By: [Signature]        |
| Payment Type:          |                        |

| TYPE OF WORK  |  |
|---|--|
| <input checked="" type="checkbox"/> New construction  | <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"/> Multi-family   | <input type="checkbox"/> Master builder                  |
| <input type="checkbox"/> Accessory building   |  |
| <input type="checkbox"/> Other:   |  |
| JOB SITE INFORMATION AND LOCATION   |  |
| Job no.:  | Job address: 17332 SW Kite Lane                          |
| City/State/ZIP: Beaverton, OR 97007   |  |
| Suite/bldg./apt. no.:   | Project name: SCMH                                       |
| Cross street/directions to job site:  |  |
| Subdivision: South Cooper MTN HTS   | Lot no.: 95  |
| Tax map/parcel no.:   |  |
| DESCRIPTION OF WORK   |  |
| NEW SFR   |  |
| <input checked="" type="checkbox"/> PROPERTY OWNER  | <input type="checkbox"/> TENANT                          |
| Name: Everett Custom Homes INC  |  |
| Address: 3330 NW Yeon Ave, Suite 100  |  |
| City/State/ZIP: Portland, OR 97210  |  |
| Phone: (503) 726-7060   | Fax:   |
| E-mail: jreilly@everetthomesnw.com  |  |
| Owner Installation: This installation is being made on property that I own, which is not intended for sale, lease, rent, or exchange. |  |
| Owner signature: _____ Date: _____  |  |
| <input checked="" type="checkbox"/> APPLICANT   | <input 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: Garner Electric  |  |
| Address: 2920 SE Brookwood Ave  |  |
| City/State/ZIP: Hillsboro OR 97123  |  |
| Phone: 503-648-4552   | Fax:   |
| E-mail: melgarner@garnerelectric.com  | CCB lic. no.: 121159                                     |
| Electrical llo. no.: 34-3050  | City or metro lic.: 4110                                 |
| Supervising electrician signature, required: [Signature]  |  |
| Print name: Chuck Garner  | Date: 5/29/20  |
| Authorized signature: [Signature]   |  |
| Print name: Melissa Stock   | Date: 5/29/20  |

| PLAN REVIEW   |  |        |                |   |
|---|--|--------|----------------|---|
| Please check all that apply:  |  |        |                |   |
| <input type="checkbox"/> Service or feeder 400amps or more                          | <input type="checkbox"/> Service or feeder over 600 amps                             |        |                |   |
| <input type="checkbox"/> Fire pump  | <input type="checkbox"/> Building over three stories                                 |        |                |   |
| <input type="checkbox"/> Addition of new motor load of 100HP or more                | <input type="checkbox"/> Marinas and boatyards                                       |        |                |   |
| <input type="checkbox"/> Six or more residential units                              | <input type="checkbox"/> Floating buildings  |        |                |   |
| <input type="checkbox"/> Health-care facilities                                     | <input type="checkbox"/> Commercial-use agricultural buildings                       |        |                |   |
| <input type="checkbox"/> Hazardous locations  | <input type="checkbox"/> Installation of 150 KVA or larger separately derived system |        |                |   |
|   | <input type="checkbox"/> "A," "E," "I-2," "I-3" occupancy                            |        |                |   |
|   | <input type="checkbox"/> Recreational vehicle parks                                  |        |                |   |
| FEE SCHEDULE  |  |        |                |   |
| Description   | Qty.   | Fee    | Total          | * |
| <b>Residential single- or multi-family dwelling unit (includes attached garage)</b> |  |        |                |   |
| 1,000 sq. ft. or less   | 1  | 194.64 |                | 4 |
| Ea. add'l 500 sq. ft. or portion  | 3  | 34.77  |                |   |
| Limited energy, residential (with above sq. ft.)                                    | 1  | 46.42  | 46.42          | 2 |
| Limited energy, multi-family residential (with above sq. ft.)                       |  | 91.72  |                | 2 |
| <b>Services or feeders installation, alteration, and/or relocation</b>              |  |        |                |   |
| 200 amps or less  |  | 115.83 |                | 2 |
| 201 amps to 400 amps  |  | 137.89 |                | 2 |
| 401 amps to 600 amps  |  | 229.34 |                | 2 |
| 601 amps to 1,000 amps  |  | 299.93 |                | 2 |
| Over 1,000 amps or volts  |  | 690.22 |                | 2 |
| Utility reconnect   |  | 91.72  |                | 1 |
| <b>Temporary services or feeders installation, alteration, and/or relocation</b>    |  |        |                |   |
| 200 amps or less  |  | 91.72  |                | 2 |
| 201 amps to 400 amps  |  | 127.41 |                | 2 |
| 401 amps to 600 amps  |  | 184.11 |                | 2 |
| 601 amps to 1,000 amps  |  | 225.29 |                | 2 |
| <b>Branch circuits - new, alteration, or extension, per panel</b>                   |  |        |                |   |
| A. Fee for branch circuits with above service or feeder fee, each branch circuit    |  | 4.26   |                | 2 |
| B. Fee for branch circuits without service or feeder fee, first branch circuit      |  | 81.14  |                | 2 |
| Each add'l branch circuit   |  | 4.26   |                |   |
| <b>Miscellaneous (service or feeder not included)</b>                               |  |        |                |   |
| Each manufactured or modular dwelling, service, and/or feeder                       |  | 91.72  |                | 2 |
| Pump or irrigation circle   |  | 91.72  |                | 2 |
| Sign or outline lighting  |  | 91.72  |                | 2 |
| Signal circuit(s) or limited-energy panel, alteration, or extension. Describe:      |  | 91.72  |                | 2 |
| <b>Each additional inspection over allowable in any of the above</b>                |  |        |                |   |
| Per inspection  |  | 81.14  |                |   |
| Investigation fee   |  |        |                |   |
| Other:  |  |        |                |   |
| <b>Electrical permit fees</b>   |  |        |                |   |
| SUBTOTAL  |  |        | 46.42          |   |
| Plan review (25% of permit fee)   |  |        |                |   |
| State surcharge (12% of permit fee)   |  |        | 5.57           |   |
| <b>TOTAL PERMIT FEE</b>   |  |        | <b>\$51.99</b> |   |

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete  
 \* Number of inspections allowed per permit.



**City Of Beaverton**  
 12725 SW Millikan Way  
 Beaverton, OR 97076  
 Phone: 503-526-2642  
 Email: cunderwood@beavertonoregon.gov

**Residential Electrical Authorization To Begin Work**

**05350-BEL-20-00494**

Approval Code: 04621G 7/12/2020 9:38 am

E-mailed To: officemgr.mrelectric@gmail.com

B2020-2421

| TYPE OF WORK   |  |
|--|--|
| <input type="checkbox"/> New Construction                                      | <input checked="" type="checkbox"/> Addition/alteration/replacement  |
| CATEGORY OF CONSTRUCTION   |  |
| <input checked="" type="checkbox"/> 1 or 2 family dwelling                     | <input type="checkbox"/> Multi-family <input type="checkbox"/> Commercial <input type="checkbox"/> Accessory |
| JOB SITE INFORMATION AND LOCATION  |  |
| Job Address: 10325 SW 130TH AVE  |  |
| City/State/ZIP: BEAVERTON, OR 97008  |  |
| Suite/bldg./apt.no.:   |  |
| Project Name: Kitchen remodel  |  |
| Cross Street/directions to job site:   |  |
| Tax map/parcel no.: 1S133AB10500   |  |
| DESCRIPTION OF WORK  |  |
| New 15a ckt for refrigerator, replace LR light, move light switches near door. |  |
| APPLICANT  |  |
| Name: BENJAMIN PELSTER   |  |
| Phone: 5036809141  | Fax:   |
| Email:   |  |
| CONTRACTOR   |  |
| Elec lic. no.: C1168   | CCB lic. no.: 208614   |
| Business Name: SB ELECTRIC INC   |  |
| Contact:   |  |
| Address: 58569 PEBBLE CREEK RD   |  |
| City/State/ZIP: VERNONIA, OR 97064   |  |
| Phone: 5035062290  | Fax:   |
| Email: mrelectricofhillsboro@GMAIL.COM   |  |
| Metro lic. no.:  | City lic. no.:   |
| Supervising Electrician's lic. no.:  |  |
| Supervising Electrician's Name:  |  |
| Number of inspections included in paid services:                               |  |
| Residential Service:   | 4  |
| Reconnect Only:  | 1  |
| All Other Services:  | 2  |

| PLAN REVIEW   |   |
|---|---|
| Please check all that apply:  |   |
| <input type="checkbox"/> A service or feeder beginning at 400 Amps where the available fault current exceeds 10,000 Amps at 150 Volts or less to ground exceeds 14,000 Amps for all other | <input type="checkbox"/> Hazardous locations  |
| <input type="checkbox"/> Fire pumps   | <input type="checkbox"/> A service or feeder rated at 600 amps or more              |
| <input type="checkbox"/> Emergency systems  | <input type="checkbox"/> Buildings more than three stor                             |
| <input type="checkbox"/> Addition of a new motor load of 100 HP or more   | <input type="checkbox"/> Marinas and boat yards                                     |
| <input type="checkbox"/> Six or more residential units in one structure   | <input type="checkbox"/> Floating buildings   |
| <input type="checkbox"/> Health care facilities   | <input type="checkbox"/> Commercial-use agricultural buildings                      |
|   | <input type="checkbox"/> Installation of a 150 KVA or larger seperately derived sys |
|   | <input type="checkbox"/> "A", "E", or "I-2" or "I-3"                                |
|   | <input type="checkbox"/> Recreational Vehicle Parks                                 |
|   | <input type="checkbox"/> Supply voltage for more than 600 supply volts nominal      |

| FEE SCHEDULE                              |      |         |                |
|---|------|---------|----------------|
| Description                               | Qty. | Ea.     | Total          |
| <b>Branch circuits</b>                    |      |         |                |
| Branch circuits without service or feeder | 1    | \$81.14 | \$81.14        |
| <b>Electrical Permit Fees</b>             |      |         |                |
| Subtotal                                  |      |         | \$81.14        |
| State surcharge (12% of permit total)     |      |         | \$9.74         |
| <b>TOTAL PERMIT FEE</b>                   |      |         | <b>\$90.88</b> |

Upon review and approval by your local jurisdiction, your permit will be e-mailed or faxed within one business day, with instructions on how to schedule your inspection.

NOTE: This Authorization To Begin Work expires within 180 days if a permit is not obtained.

The local building department may determine that an Authorization To Begin Work is null and void if it does not meet applicable land use laws and local ordinances.

**This Authorization to Begin Work is not a permit, to schedule inspections you need a permit from City Of Beaverton**  
 Inspections Phone: 503-526-2400 Inspections Email: cunderwood@beavertonoregon.gov  
 This Authorization To Begin Work must be posted at the job site until replaced by a Permit



**City Of Beaverton**  
 12725 SW Millkan Way  
 Beaverton, OR 97076  
 Phone: 503-526-2542  
 Email: cunderwood@beavertonoregon.gov

**Residential Electrical Authorization To Begin Work**

**05350-BEL-20-00495**

Approval Code: 011304 7/12/2020 6:35 pm

E-mailed To: joel@mateselectric.com

B2020-2419

| TYPE OF WORK   |  |
|--|--|
| <input type="checkbox"/> New Construction                  | <input checked="" type="checkbox"/> Addition/alteration/replacement  |
| CATEGORY OF CONSTRUCTION                                   |  |
| <input checked="" type="checkbox"/> 1 or 2 family dwelling | <input type="checkbox"/> Multi-family <input type="checkbox"/> Commercial <input type="checkbox"/> Accessory |
| JOB SITE INFORMATION AND LOCATION                          |  |
| Job Address: 11955 SW BAKER ST                             |  |
| City/State/ZIP: BEAVERTON, OR 97008                        |  |
| Suite/bldg./apt.no.:                                       |  |
| Project Name:  |  |
| Cross Street/directions to job site:                       |  |
| Tax map/parcel no.: 1S122BD04600                           |  |
| DESCRIPTION OF WORK  |  |
| Replace and update existing main electrical panel.         |  |
| APPLICANT  |  |
| Name: Dan Mates  |  |
| Phone: 5032566286  | Fax: 5035164142  |
| Email:   |  |
| CONTRACTOR   |  |
| Elec lic. no.: 26-828C                                     | CCB lic. no.: 159371   |
| Business Name: MATES ELECTRIC                              |  |
| Contact:   |  |
| Address: 11124 NE HALSEY PMB 679                           |  |
| City/State/ZIP: PORTLAND, OR 97220                         |  |
| Phone: 5032566286  | Fax: 5035164142  |
| Email: mateselectric@yahoo.com                             |  |
| Metro lic. no.:  | City lic. no.:   |
| Supervising Electrician's lic. no.:                        |  |
| Supervising Electrician's Name:                            |  |
| Number of inspections included in paid services:           |  |
| Residential Service:                                       | 4  |
| Reconnect Only:  | 1  |
| All Other Services:  | 2  |

| PLAN REVIEW   |   |   |   |
|---|---|---|---|
| Please check all that apply:  |   | <input type="checkbox"/> Hazardous locations<br><input type="checkbox"/> A service or feeder rated at 600 amps or more<br><input type="checkbox"/> Buildings more than three stor<br><input type="checkbox"/> Marinas and boat yards<br><input type="checkbox"/> Floating buildings<br><input type="checkbox"/> Commercial-use agricultural buildings<br><input type="checkbox"/> Installation of a 150 KVA or larger separately derived sys<br><input type="checkbox"/> "A", "E", or "I-2" or "I-3"<br><input type="checkbox"/> Recreational Vehicle Parks<br><input type="checkbox"/> Supply voltage for more than 600 supply volts nominal |   |
| <input type="checkbox"/> A service or feeder beginning at 400 Amps where the available fault current exceeds 10,000 Amps at 150 Volts or less to ground exceeds 14,000 Amps for all other | <input type="checkbox"/> Fire pumps             | <input type="checkbox"/> Emergency systems  | <input type="checkbox"/> Addition of a new motor load of 100 HP or more |
| <input type="checkbox"/> Six or more residential units in one structure   | <input type="checkbox"/> Health care facilities |   |   |
| FEE SCHEDULE  |   |   |   |
| Description   | Qty.  | Ea.   | Total   |
| Services or feeders   |   |   |   |
| Services 200 amps or less   | 1   | \$115.83  | \$115.83  |
| Electrical Permit Fees  |   |   |   |
| Subtotal  |   |   | \$115.83  |
| State surcharge (12% of permit total)   |   |   | \$13.90   |
| <b>TOTAL PERMIT FEE</b>   |   |   | <b>\$129.73</b>   |

Upon review and approval by your local jurisdiction, your permit will be e-mailed or faxed within one business day, with instructions on how to schedule your inspection.

NOTE: This Authorization To Begin Work expires within 180 days if a permit is not obtained.

The local building department may determine that an Authorization To Begin Work is null and void if it does not meet applicable land use laws and local ordinances.

**This Authorization to Begin Work is not a permit, to schedule inspections you need a permit from City Of Beaverton**  
 Inspections Phone: 503-526-2400 Inspections Email: cunderwood@beavertonoregon.gov  
 This Authorization To Begin Work must be posted at the job site until replaced by a Permit



City Of Beaverton  
 12725 SW Millikan Way  
 Beaverton, OR 97076  
 Phone: 503-526-2542  
 Email: cunderwood@beavertonoregon.gov

**Commercial Electrical Authorization To Begin Work**

**05350-BEL-20-00490**

Approval Code: 34187G 7/10/2020 9:05 am

E-mailed To: grant@nwteltech.com

B2020-2417

| TYPE OF WORK                                     |   |
|--|---|
| <input type="checkbox"/> New Construction        | <input checked="" type="checkbox"/> Addition/alteration/replacement |
| CATEGORY OF CONSTRUCTION                         |   |
| <input type="checkbox"/> 1 or 2 family dwelling  | <input type="checkbox"/> Multi-family                               |
| <input checked="" type="checkbox"/> Commercial   | <input type="checkbox"/> Accessory                                  |
| JOB SITE INFORMATION AND LOCATION                |   |
| Job Address: 9205 SW GEMINI DR                   |   |
| City/State/ZIP: BEAVERTON, OR 97008              |   |
| Suite/bldg./apt.no.: C                           |   |
| Project Name: Platt Electric                     |   |
| Cross Street/directions to job site:             |   |
| Tax map/parcel no.: 1S127DB00700                 |   |
| DESCRIPTION OF WORK                              |   |
| Adding additional Cat5e data cables.             |   |
| APPLICANT  |   |
| Name: Grant Richards                             |   |
| Phone: 503-407-5576                              | Fax:  |
| Email:   |   |
| CONTRACTOR                                       |   |
| Elec lic. no.: CLE350                            | CCB lic. no.: 200217  |
| Business Name: NW TELTECH LLC                    |   |
| Contact:   |   |
| Address: 12587 NE CEDARBROOK RD                  |   |
| City/State/ZIP: AURORA, OR 97002                 |   |
| Phone: 5034075576                                | Fax:  |
| Email: GRANT@NWTELTECH.COM                       |   |
| Metro lic. no.:                                  | City lic. no.:  |
| Supervising Electrician's lic. no.:              |   |
| Supervising Electrician's Name:                  |   |
| Number of inspections included in paid services: |   |
| Residential Service:                             | 4   |
| Reconnect Only:                                  | 1   |
| All Other Services:                              | 2   |

| PLAN REVIEW   |   |
|---|---|
| Please check all that apply:  |   |
| <input type="checkbox"/> A service or feeder beginning at 400 Amps where the available fault current exceeds 10,000 Amps at 150 Volts or less to ground exceeds 14,000 Amps for all other | <input type="checkbox"/> Hazardous locations  |
| <input type="checkbox"/> Fire pumps   | <input type="checkbox"/> Buildings more than three stor                             |
| <input type="checkbox"/> Emergency systems  | <input type="checkbox"/> Marinas and boat yards                                     |
| <input type="checkbox"/> Addition of a new motor load of 100 HP or more   | <input type="checkbox"/> Floating buildings   |
| <input type="checkbox"/> Six or more residential units in one structure   | <input type="checkbox"/> Commercial-use agricultural buildings                      |
| <input type="checkbox"/> Health care facilities   | <input type="checkbox"/> Installation of a 150 KVA or larger seperately derived sys |
|   | <input type="checkbox"/> "A", "E", or "I-2" or "I-3"                                |
|   | <input type="checkbox"/> Recreational Vehicle Parks                                 |
|   | <input type="checkbox"/> Supply voltage for more than 600 supply volts nominal      |

| FEE SCHEDULE                           |      |         |                 |
|--|------|---------|-----------------|
| Description                            | Qty. | Ea.     | Total           |
| <b>Limited Energy</b>                  |      |         |                 |
| Stand-alone limited energy, commercial | 1    | \$91.72 | \$91.72         |
| <b>Electrical Permit Fees</b>          |      |         |                 |
| Subtotal                               |      |         | \$91.72         |
| State surcharge (12% of permit total)  |      |         | \$11.01         |
| <b>TOTAL PERMIT FEE</b>                |      |         | <b>\$102.73</b> |

Upon review and approval by your local jurisdiction, your permit will be e-mailed or faxed within one business day, with instructions on how to schedule your inspection.

NOTE: This Authorization To Begin Work expires within 180 days if a permit is not obtained.

The local building department may determine that an Authorization To Begin Work is null and void if it does not meet applicable land use laws and local ordinances.

**This Authorization to Begin Work is not a permit, to schedule inspections you need a permit from City Of Beaverton**

**Inspections Phone: 503-526-2400 Inspections Email: cunderwood@beavertonoregon.gov**

**This Authorization To Begin Work must be posted at the job site until replaced by a Permit**



**City Of Beaverton**  
 12725 SW Millikan Way  
 Beaverton, OR 97076  
 Phone: 503-526-2542  
 Email: cunderwood@beavertonoregon.gov

**Residential Electrical Authorization To Begin Work**

**05350-BEL-20-00492**

Approval Code: 510123 7/10/2020 1:32 pm

E-mailed To: mikeselectric@mikeselectric.biz

B2020-2425

| TYPE OF WORK  |  |
|---|--|
| <input type="checkbox"/> New Construction                               | <input checked="" type="checkbox"/> Addition/alteration/replacement  |
| CATEGORY OF CONSTRUCTION  |  |
| <input checked="" type="checkbox"/> 1 or 2 family dwelling              | <input type="checkbox"/> Multi-family <input type="checkbox"/> Commercial <input type="checkbox"/> Accessory |
| JOB SITE INFORMATION AND LOCATION                                       |  |
| Job Address: 9835 SW DAPPLEGREY LOOP                                    |  |
| City/State/ZIP: BEAVERTON, OR 97008                                     |  |
| Suite/bldg./apt.no.:  |  |
| Project Name: AMY & DAVID CRUMP   |  |
| Cross Street/directions to job site:                                    |  |
| Tax map/parcel no.: 1S128CC09700  |  |
| DESCRIPTION OF WORK   |  |
| GARAGE RECEPTACLES, WEATHERPROOF RECEPTACLE FRONT PORCH, HOT TUB/GAZEBO |  |
| APPLICANT   |  |
| Name: Darryl Mollenhauer  |  |
| Phone: 5036496991   | Fax: 5032967860  |
| Email:  |  |
| CONTRACTOR  |  |
| Elec lic. no.: C643   | CCB lic. no.: 191094   |
| Business Name: MOLLENHAUER ENTERPRISES INC                              |  |
| Contact:  |  |
| Address: 11070 SW ALLEN BLVD  |  |
| City/State/ZIP: BEAVERTON, OR 97005                                     |  |
| Phone: 5036496991   | Fax: 5036411902  |
| Email: mikeselectric@mikeselectric.biz                                  |  |
| Metro lic. no.:   | City lic. no.:   |
| Supervising Electrician's lic. no.:                                     |  |
| Supervising Electrician's Name:   |  |
| Number of inspections included in paid services:                        |  |
| Residential Service:  | 4  |
| Reconnect Only:   | 1  |
| All Other Services:   | 2  |

| PLAN REVIEW   |   |   |  |
|---|---|---|--|
| Please check all that apply:  |   | <input type="checkbox"/> Hazardous locations  |  |
| <input type="checkbox"/> A service or feeder beginning at 400 Amps where the available fault current exceeds 10,000 Amps at 150 Volts or less to ground exceeds 14,000 Amps for all other | <input type="checkbox"/> A service or feeder rated at 600 amps or more  | <input type="checkbox"/> Buildings more than three stor                             | <input type="checkbox"/> Marinas and boat yards                                |
| <input type="checkbox"/> Fire pumps   | <input type="checkbox"/> Emergency systems                              | <input type="checkbox"/> Floating buildings   | <input type="checkbox"/> Commercial-use agricultural buildings                 |
| <input type="checkbox"/> Addition of a new motor load of 100 HP or more   | <input type="checkbox"/> Six or more residential units in one structure | <input type="checkbox"/> Installation of a 150 KVA or larger separately derived sys | <input type="checkbox"/> "A", "E", or "I-2" or "I-3"                           |
| <input type="checkbox"/> Health care facilities   |   | <input type="checkbox"/> Recreational Vehicle Parks                                 | <input type="checkbox"/> Supply voltage for more than 600 supply volts nominal |
| FEE SCHEDULE  |   |   |  |
| Description   | Qty.  | Ea.   | Total  |
| <b>Branch circuits</b>  |   |   |  |
| Branch circuits without service or feeder   | 1   | \$81.14   | \$81.14  |
| Branch circuits each additional circuit without service   | 2   | \$4.26  | \$8.52   |
| <b>Electrical Permit Fees</b>   |   |   |  |
| Subtotal  |   |   | \$89.66  |
| State surcharge (12% of permit total)   |   |   | \$10.76  |
| <b>TOTAL PERMIT FEE</b>   |   |   | <b>\$100.42</b>  |

Upon review and approval by your local jurisdiction, your permit will be e-mailed or faxed within one business day, with instructions on how to schedule your inspection.

NOTE: This Authorization To Begin Work expires within 180 days if a permit is not obtained.

The local building department may determine that an Authorization To Begin Work is null and void if it does not meet applicable land use laws and local ordinances.

**This Authorization to Begin Work is not a permit, to schedule inspections you need a permit from City Of Beaverton**  
 Inspections Phone: 503-526-2400 Inspections Email: cunderwood@beavertonoregon.gov  
 This Authorization To Begin Work must be posted at the job site until replaced by a Permit



City Of Beaverton  
 12725 SW Millkan Way  
 Beaverton, OR 97076  
 Phone: 503-526-2542  
 Email: cunderwood@beavertonoregon.gov

**Residential Electrical Authorization To Begin Work**

**05350-BEL-20-00491**

Approval Code: 600954 7/10/2020 12:40 pm

E-mailed To: Andrew@SquiresElectric.com

B2020-2424

| TYPE OF WORK   |  |
|--|--|
| <input type="checkbox"/> New Construction                                  | <input checked="" type="checkbox"/> Addition/alteration/replacement  |
| CATEGORY OF CONSTRUCTION   |  |
| <input checked="" type="checkbox"/> 1 or 2 family dwelling                 | <input type="checkbox"/> Multi-family <input type="checkbox"/> Commercial <input type="checkbox"/> Accessory |
| JOB SITE INFORMATION AND LOCATION  |  |
| Job Address: 955 NW 170TH DR   |  |
| City/State/ZIP: BEAVERTON, OR 97006  |  |
| Suite/bldg./apt.no.:   |  |
| Project Name: Ryan - 955 NW 170th Ave. Beaverton                           |  |
| Cross Street/directions to job site:                                       |  |
| Tax map/parcel no.: 1N131DB04200   |  |
| DESCRIPTION OF WORK  |  |
| 5 ckts., rewiring circuits, new gluelam, family room nook after water loss |  |
| APPLICANT  |  |
| Name: Production Department  |  |
| Phone: 5032521609  | Fax:   |
| Email:   |  |
| CONTRACTOR   |  |
| Elec lic. no.: 26-1101C  | CCB lic. no.: 135085   |
| Business Name: SQUIRES ELECTRIC INC  |  |
| Contact:   |  |
| Address: 820 SE WASHINGTON ST  |  |
| City/State/ZIP: PORTLAND, OR 97214   |  |
| Phone: 5032521609  | Fax: 5032535831  |
| Email: office@squireselectric.com  |  |
| Metro lic. no.:  | City lic. no.:   |
| Supervising Electrician's lic. no.:  |  |
| Supervising Electrician's Name:  |  |
| Number of inspections included in paid services:                           |  |
| Residential Service:   | 4  |
| Reconnect Only:  | 1  |
| All Other Services:  | 2  |

| PLAN REVIEW   |   |   |  |
|---|---|---|--|
| Please check all that apply:  |   | <input type="checkbox"/> Hazardous locations  |  |
| <input type="checkbox"/> A service or feeder beginning at 400 Amps where the available fault current exceeds 10,000 Amps at 150 Volts or less to ground exceeds 14,000 Amps for all other | <input type="checkbox"/> A service or feeder rated at 600 amps or more  | <input type="checkbox"/> Buildings more than three stor                             | <input type="checkbox"/> Marinas and boat yards                                |
| <input type="checkbox"/> Fire pumps   | <input type="checkbox"/> Emergency systems                              | <input type="checkbox"/> Floating buildings   | <input type="checkbox"/> Commercial-use agricultural buildings                 |
| <input type="checkbox"/> Addition of a new motor load of 100 HP or more   | <input type="checkbox"/> Six or more residential units in one structure | <input type="checkbox"/> Installation of a 150 KVA or larger separately derived sys | <input type="checkbox"/> "A", "E", or "I-2" or "I-3"                           |
| <input type="checkbox"/> Health care facilities   |   | <input type="checkbox"/> Recreational Vehicle Parks                                 | <input type="checkbox"/> Supply voltage for more than 600 supply volts nominal |
| FEE SCHEDULE  |   |   |  |
| Description   | Qty.  | Ea.   | Total  |
| Branch circuits   |   |   |  |
| Branch circuits without service or feeder   | 1   | \$81.14   | \$81.14  |
| Branch circuits each additional circuit without service   | 3   | \$4.26  | \$12.78  |
| Electrical Permit Fees  |   |   |  |
| Subtotal  |   |   | \$93.92  |
| State surcharge (12% of permit total)   |   |   | \$11.27  |
| <b>TOTAL PERMIT FEE</b>   |   |   | <b>\$105.19</b>  |

Upon review and approval by your local jurisdiction, your permit will be e-mailed or faxed within one business day, with instructions on how to schedule your inspection.

NOTE: This Authorization To Begin Work expires within 180 days if a permit is not obtained.

The local building department may determine that an Authorization To Begin Work is null and void if it does not meet applicable land use laws and local ordinances.

This Authorization to Begin Work is not a permit, to schedule inspections you need a permit from City Of Beaverton  
 Inspections Phone: 503-526-2400 Inspections Email: cunderwood@beavertonoregon.gov  
 This Authorization To Begin Work must be posted at the job site until replaced by a Permit



City Of Beaverton  
 12725 SW Millkan Way  
 Beaverton, OR 97076  
 Phone: 503-526-2542  
 Email: cunderwood@beavertonoregon.gov

**Residential Electrical Authorization To Begin Work**

**05350-BEL-20-00493**

Approval Code: 010298 7/10/2020 2:17 pm

E-mailed To: info@multiphaseelectric.com

| TYPE OF WORK   |  |
|--|--|
| <input type="checkbox"/> New Construction                        | <input checked="" type="checkbox"/> Addition/alteration/replacement  |
| CATEGORY OF CONSTRUCTION   |  |
| <input checked="" type="checkbox"/> 1 or 2 family dwelling       | <input type="checkbox"/> Multi-family <input type="checkbox"/> Commercial <input type="checkbox"/> Accessory |
| JOB SITE INFORMATION AND LOCATION                                |  |
| Job Address: 4999 SW NORMANDY PL                                 |  |
| City/State/ZIP: BEAVERTON, OR 97005                              |  |
| Suite/bldg./apt.no.:   |  |
| Project Name:  |  |
| Cross Street/directions to job site:                             |  |
| Tax map/parcel no.: 1S116CB19900                                 |  |
| DESCRIPTION OF WORK  |  |
| Install 20 amp circuit for microwave & 20 amp circuit in garage. |  |
| APPLICANT  |  |
| Name: Dave Gackle  |  |
| Phone: 5039081593  | Fax: 5039081628  |
| Email:   |  |
| CONTRACTOR   |  |
| Elec lic. no.: C5  | CCB lic. no.: 162827   |
| Business Name: MULTIPHASE ELECTRIC LLC                           |  |
| Contact:   |  |
| Address: PO BOX 1416   |  |
| City/State/ZIP: OREGON CITY, OR 97045                            |  |
| Phone: 5039081593  | Fax: 5039081628  |
| Email: info@multiphaseelectric.com                               |  |
| Metro lic. no.:  | City lic. no.:   |
| Supervising Electrician's lic. no.:                              |  |
| Supervising Electrician's Name:                                  |  |
| Number of inspections included in paid services:                 |  |
| Residential Service:   | 4  |
| Reconnect Only:  | 1  |
| All Other Services:  | 2  |

| PLAN REVIEW   |   |
|---|---|
| Please check all that apply:  |   |
| <input type="checkbox"/> A service or feeder beginning at 400 Amps where the available fault current exceeds 10,000 Amps at 150 Volts or less to ground exceeds 14,000 Amps for all other | <input type="checkbox"/> Hazardous locations  |
| <input type="checkbox"/> Fire pumps   | <input type="checkbox"/> A service or feeder rated at 600 amps or more              |
| <input type="checkbox"/> Emergency systems  | <input type="checkbox"/> Buildings more than three stor                             |
| <input type="checkbox"/> Addition of a new motor load of 100 HP or more   | <input type="checkbox"/> Marinas and boat yards                                     |
| <input type="checkbox"/> Six or more residential units in one structure   | <input type="checkbox"/> Floating buildings   |
| <input type="checkbox"/> Health care facilities   | <input type="checkbox"/> Commercial-use agricultural buildings                      |
|   | <input type="checkbox"/> Installation of a 150 KVA or larger separately derived sys |
|   | <input type="checkbox"/> "A", "E", or "I-2" or "I-3"                                |
|   | <input type="checkbox"/> Recreational Vehicle Parks                                 |
|   | <input type="checkbox"/> Supply voltage for more than 600 supply volts nominal      |

| FEE SCHEDULE  |      |         |                |
|---|------|---------|----------------|
| Description   | Qty. | Ea.     | Total          |
| <b>Branch circuits</b>                                  |      |         |                |
| Branch circuits without service or feeder               | 1    | \$81.14 | \$81.14        |
| Branch circuits each additional circuit without service | 1    | \$4.26  | \$4.26         |
| <b>Electrical Permit Fees</b>                           |      |         |                |
| Subtotal  |      |         | \$85.40        |
| State surcharge (12% of permit total)                   |      |         | \$10.25        |
| <b>TOTAL PERMIT FEE</b>                                 |      |         | <b>\$95.65</b> |

Upon review and approval by your local jurisdiction, your permit will be e-mailed or faxed within one business day, with instructions on how to schedule your inspection.

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This Authorization to Begin Work is not a permit, to schedule inspections you need a permit from City Of Beaverton  
 Inspections Phone: 503-526-2400 Inspections Email: cunderwood@beavertonoregon.gov  
 This Authorization To Begin Work must be posted at the job site until replaced by a Permit



City Of Beaverton  
 12725 SW Milikan Way  
 Beaverton, OR 97076  
 Phone: 503-526-2542  
 Email: cunderwood@beavertonoregon.gov

**Commercial Electrical Authorization To Begin Work**

**05350-BEL-20-00496**

Approval Code: 01133G 7/13/2020 6:21 am

E-mailed To: chris.petersen@tempesttech.net

B2020-2429

| TYPE OF WORK   |   |
|--|---|
| <input type="checkbox"/> New Construction                      | <input checked="" type="checkbox"/> Addition/alteration/replacement   |
| CATEGORY OF CONSTRUCTION                                       |   |
| <input type="checkbox"/> 1 or 2 family dwelling                | <input type="checkbox"/> Multi-family <input checked="" type="checkbox"/> Commercial <input type="checkbox"/> Accessory |
| JOB SITE INFORMATION AND LOCATION                              |   |
| Job Address: 15500 SW BEAVERTON CREEK CT                       |   |
| City/State/ZIP: BEAVERTON, OR 97006                            |   |
| Suite/bldg./apt.no.:   |   |
| Project Name: Apple Beaverton                                  |   |
| Cross Street/directions to job site: SW                        |   |
| Tax map/parcel no.: 1S108DC00600                               |   |
| DESCRIPTION OF WORK  |   |
| Pull & Terminate cabling to support the Audio & Video systems. |   |
| APPLICANT  |   |
| Name: Chris Petersen   |   |
| Phone: 9713367106  | Fax:  |
| Email:   |   |
| CONTRACTOR   |   |
| Elec lic. no.: CLE365  | CCB lic. no.: 198016  |
| Business Name: TEMPEST TECHNOLOGIES LLC                        |   |
| Contact:   |   |
| Address: 1045 12TH AVE NW F8                                   |   |
| City/State/ZIP: ISSAQUAH, WA 98027                             |   |
| Phone: 4259960228  | Fax: 4253928284   |
| Email: JEFF.LARSON@TEMPESTTECH.NET                             |   |
| Metro lic. no.:  | City lic. no.:  |
| Supervising Electrician's lic. no.:                            |   |
| Supervising Electrician's Name:                                |   |
| Number of inspections included in paid services:               |   |
| Residential Service:   | 4   |
| Reconnect Only:  | 1   |
| All Other Services:  | 2   |

| PLAN REVIEW   |      |   |                 |
|---|------|---|-----------------|
| Please check all that apply:  |      | <input type="checkbox"/> Hazardous locations<br><input type="checkbox"/> A service or feeder rated at 600 amps or more<br><input type="checkbox"/> Buildings more than three stor<br><input type="checkbox"/> Marinas and boat yards<br><input type="checkbox"/> Floating buildings<br><input type="checkbox"/> Commercial-use agricultural buildings<br><input type="checkbox"/> Installation of a 150 KVA or larger separately derived sys<br><input type="checkbox"/> "A", "E", or "I-2" or "I-3"<br><input type="checkbox"/> Recreational Vehicle Parks<br><input type="checkbox"/> Supply voltage for more than 600 supply volts nominal |                 |
| <input type="checkbox"/> A service or feeder beginning at 400 Amps where the available fault current exceeds 10,000 Amps at 150 Volts or less to ground exceeds 14,000 Amps for all other<br><br><input type="checkbox"/> Fire pumps<br><input type="checkbox"/> Emergency systems<br><input type="checkbox"/> Addition of a new motor load of 100 HP or more<br><input type="checkbox"/> Six or more residential units in one structure<br><input type="checkbox"/> Health care facilities |      |   |                 |
| FEE SCHEDULE  |      |   |                 |
| Description   | Qty. | Ea.   | Total           |
| <b>Miscellaneous</b>  |      |   |                 |
| Signal circuit(s) or limited-energy panel, alteration, or extension   | 1    | \$91.72   | \$91.72         |
| <b>Electrical Permit Fees</b>   |      |   |                 |
| Subtotal  |      |   | \$91.72         |
| State surcharge (12% of permit total)   |      |   | \$11.01         |
| <b>TOTAL PERMIT FEE</b>   |      |   | <b>\$102.73</b> |

Upon review and approval by your local Jurisdiction, your permit will be e-mailed or faxed within one business day, with instructions on how to schedule your inspection.

NOTE: This Authorization To Begin Work expires within 180 days if a permit is not obtained.

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 Inspections Phone: 503-526-2400 Inspections Email: cunderwood@beavertonoregon.gov  
 This Authorization To Begin Work must be posted at the job site until replaced by a Permit



### Electrical Permit Application

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. <b>B2020-2411</b> |
| Date Issued: <b>7/10/2020</b> |                              |
|                               | Payment Type:                |

| TYPE OF WORK  |   |
|---|---|
| <input type="checkbox"/> New construction   | <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"/> Multi-family   | <input type="checkbox"/> Accessory building                         |
| <input type="checkbox"/> Master builder   | <input type="checkbox"/> Other:                                     |
| JOB SITE INFORMATION AND LOCATION   |   |
| Job no.:  | Job address: <b>8253 SW Cirrus Dr</b>                               |
| City/State/ZIP: <b>Beaverton OR</b>   |   |
| Suite/bldg./apt. no.: <b>Suite 16-C1</b>  | Project name:   |
| Cross street/directions to job site:  |   |
| Subdivision:  | Lot no.:  |
| Tax map/parcel no.: <b>1S127AB0130</b>  |   |
| DESCRIPTION OF WORK   |   |
| Vacant Space Limited Construction of New Improvements to Accommodate a New Tenant Building Permit#B2020-2276                          |   |
| <input type="checkbox"/> PROPERTY OWNER   | <input type="checkbox"/> TENANT                                     |
| Name:   |   |
| Address:  |   |
| City/State/ZIP:   |   |
| Phone:  | Fax:  |
| E-mail:   |   |
| Owner installation: This installation is being made on property that I own, which is not intended for sale, lease, rent, or exchange. |   |
| Owner signature: _____  | Date: _____   |
| <input type="checkbox"/> APPLICANT  | <input type="checkbox"/> CONTACT PERSON                             |
| Business name: <b>Proform Electric Company (Sub for Pacific Crest Structures)</b>   |   |
| Contact name: <b>Rodney Williams</b>  |   |
| Address: <b>71 Patrick Lane</b>   |   |
| City/State/ZIP: <b>Washougal, WA 98671</b>  |   |
| Phone: <b>(360) 991-2022</b>  | Fax: <b>(360) 785-2380</b>  |
| E-mail: <b>rwilliams@proformelectric.com</b>  |   |
| CONTRACTOR  |   |
| Business name: <b>Proform Electric Company</b>  |   |
| Address: <b>71 Patrick Lane</b>   |   |
| City/State/ZIP: <b>Washougal, WA 98671</b>  |   |
| Phone: <b>(360) 991-2022</b>  | Fax: <b>(360) 785-2380</b>  |
| E-mail: <b>rwilliams@proformelectric.com</b>  | CCB lic. no.: <b>227015</b>   |
| Electrical lic. no.: <b>C1478</b>   | City or metro lic.: <b>00013515</b>                                 |
| Supervising electrician signature, required: <i>Rodney A. Williams</i>  |   |
| Print name: <b>Rodney A. Williams, 53685</b>  | Date: <b>07/10/20</b>   |
| Authorized signature: <i>Rodney A. Williams</i>   |   |
| Print name: <b>Rodney A. Williams</b>   | Date: <b>07/10/20</b>   |

| PLAN REVIEW   |  |  |  |
|---|--|--|--|
| Please check all that apply:  |  | <input type="checkbox"/> Service or feeder over 600 amps       |  |
| <input type="checkbox"/> Service or feeder 400amps or more                        | <input type="checkbox"/> Building over three stories   | <input type="checkbox"/> Marinas and boatyards                 | <input type="checkbox"/> Floating buildings  |
| <input type="checkbox"/> Fire pump  | <input type="checkbox"/> Emergency system              | <input type="checkbox"/> Commercial-use agricultural buildings | <input type="checkbox"/> Installation of 150 KVA or larger separately derived system |
| <input type="checkbox"/> Addition of new motor load of 100HP or more              | <input type="checkbox"/> Six or more residential units | <input type="checkbox"/> Health-care facilities                | <input type="checkbox"/> "A," "E," "1-2," "1-3" occupancy                            |
| <input type="checkbox"/> Hazardous locations                                      | <input type="checkbox"/> Recreational vehicle parks    |  |  |
| FEE SCHEDULE  |  |  |  |
| Description   | Qty.   | Fee  | Total  |
| <b>Residential single- or multi-family dwelling unit includes attached garage</b> |  |  |  |
| 1,000 sq. ft. or less   |  | 194.64   | 4  |
| Ea. add'l 500 sq. ft. or portion  |  | 34.77  |  |
| Limited energy, residential (with above sq. ft.)                                  |  | 46.42  | 2  |
| Limited energy, multi-family residential (with above sq. ft.)                     |  | 91.72  | 2  |
| <b>Services or feeders installation, alteration, and/or relocation</b>            |  |  |  |
| 200 amps or less  |  | 115.83   | 2  |
| 201 amps to 400 amps  |  | 137.89   | 2  |
| 401 amps to 600 amps  |  | 229.34   | 2  |
| 601 amps to 1,000 amps  |  | 299.93   | 2  |
| Over 1,000 amps or volts  |  | 690.22   | 2  |
| Utility reconnect   |  | 91.72  | 1  |
| <b>Temporary services or feeders installation, alteration, and/or relocation</b>  |  |  |  |
| 200 amps or less  |  | 91.72  | 2  |
| 201 amps to 400 amps  |  | 127.41   | 2  |
| 401 amps to 600 amps  |  | 184.11   | 2  |
| 601 amps to 1,000 amps  |  | 225.29   | 2  |
| <b>Branch circuits - new, alteration, or extension, per panel</b>                 |  |  |  |
| A. Fee for branch circuits with above service or feeder fee, each branch circuit  |  | 4.26   | 2  |
| B. Fee for branch circuits without service or feeder fee, first branch circuit    | 1  | 81.14  | 81.14  |
| Each add'l branch circuit   |  | 4.26   |  |
| <b>Miscellaneous (service or feeder not included)</b>                             |  |  |  |
| Each manufactured or modular dwelling, service, and/or feeder                     |  | 91.72  | 2  |
| Pump or irrigation circle   |  | 91.72  | 2  |
| Sign or outline lighting  |  | 91.72  | 2  |
| Signal circuit(s) or limited-energy panel, alteration, or extension. Describe:    |  | 91.72  | 2  |
| <b>Each additional inspection over allowable in any of the above</b>              |  |  |  |
| Per inspection  |  | 81.14  |  |
| Investigation fee   |  |  |  |
| Other:  |  |  |  |
| Electrical permit fees  |  |  |  |
| <b>SUBTOTAL</b>   |  |  | <b>81.14</b>   |
| Plan review (25% of permit fee)   |  |  |  |
| State surcharge (12% of permit fee)   |  |  | <b>9.74</b>  |
| <b>TOTAL PERMIT FEE</b>   |  |  | <b>\$90.88</b>   |

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete  
 \* Number of inspections allowed per permit.  
 Form B70-1002 REV 10/17



### Electrical Permit Application

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: 7/20/2020 | <i>[Signature]</i>     |
| Payment Type:          |                        |

| TYPE OF WORK  |  |
|---|--|
| <input checked="" type="checkbox"/> New construction  | <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"/> Multi-family   | <input type="checkbox"/> Accessory building              |
| <input type="checkbox"/> Master builder   |  |
| <input type="checkbox"/> Other:   |  |
| JOB SITE INFORMATION AND LOCATION   |  |
| Job no.:  | Job address: 17322 SW Kite Lane                          |
| City/State/ZIP: Beaverton, OR 97007   |  |
| Suite/bldg./apt. no.:   | Project name: SCMH                                       |
| Cross street/directions to job site:  |  |
| Subdivision: South Cooper MTN HTS   | Lot no.: 97  |
| Tax map/parcel no.:   |  |
| DESCRIPTION OF WORK   |  |
| NEW SFR   |  |
| <input checked="" type="checkbox"/> PROPERTY OWNER  | <input type="checkbox"/> TENANT                          |
| Name: Everett Custom Homes INC  |  |
| Address: 3330 NW Yeon Ave, Suite 100  |  |
| City/State/ZIP: Portland, OR 97210  |  |
| Phone: (503) 726-7060   | Fax:   |
| E-mail: jreilly@everetthomesnw.com  |  |
| Owner Installation: This installation is being made on property that I own, which is not intended for sale, lease, rent, or exchange. |  |
| Owner signature: _____ Date: _____  |  |
| <input checked="" type="checkbox"/> APPLICANT   | <input 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: Garner Electric  |  |
| Address: 2920 SE Brookwood Ave  |  |
| City/State/ZIP: Hillsboro OR 97123  |  |
| Phone: 503-648-4552   | Fax:   |
| E-mail: melgarner@garnerelectric.com  | CCB lic. no.: 121159                                     |
| Electrical lic. no.: 34-305C  | City or metro lic.: 4110                                 |
| Supervising electrician signature, required: <i>[Signature]</i>   |  |
| Print name: Chuck Garner  | Date: 5/29/20  |
| Authorized signature: <i>[Signature]</i>  |  |
| Print name: Melissa Stock   | Date: 5/29/20  |

| PLAN REVIEW  |  |  |         |   |
|--|--|--|---------|---|
| Please check all that apply:   |  | <input type="checkbox"/> Service or feeder over 600 amps                             |         |   |
| <input type="checkbox"/> Service or feeder 400amps or more                           | <input type="checkbox"/> Building over three stories   | <input type="checkbox"/> Marinas and boatyards                                       |         |   |
| <input type="checkbox"/> Fire pump   | <input type="checkbox"/> Emergency system              | <input type="checkbox"/> Floating buildings  |         |   |
| <input type="checkbox"/> Addition of new motor load of 100HP or more                 | <input type="checkbox"/> Six or more residential units | <input type="checkbox"/> Commercial-use agricultural buildings                       |         |   |
| <input type="checkbox"/> Health-care facilities                                      | <input type="checkbox"/> Hazardous locations           | <input type="checkbox"/> Installation of 150 KVA or larger separately derived system |         |   |
|  |  | <input type="checkbox"/> "A," "E," "I-2," "I-3" occupancy                            |         |   |
|  |  | <input type="checkbox"/> Recreational vehicle parks                                  |         |   |
| FEE SCHEDULE   |  |  |         |   |
| Description  | Qty.   | Fee  | Total   | * |
| <b>Residential single- or multi-family dwelling unit</b><br>Includes attached garage |  |  |         |   |
| 1,000 sq. ft. or less  | 1  | 194.64   |         | 4 |
| Ea. add'l 500 sq. ft. or portion   | 2  | 34.77  |         |   |
| Limited energy, residential (with above sq. ft.)                                     | 1  | 46.42  | 46.42   | 2 |
| Limited energy, multi-family residential (with above sq. ft.)                        |  | 91.72  |         | 2 |
| <b>Services or feeders installation, alteration, and/or relocation</b>               |  |  |         |   |
| 200 amps or less   |  | 115.83   |         | 2 |
| 201 amps to 400 amps   |  | 137.89   |         | 2 |
| 401 amps to 600 amps   |  | 229.34   |         | 2 |
| 601 amps to 1,000 amps   |  | 299.93   |         | 2 |
| Over 1,000 amps or volts   |  | 690.22   |         | 2 |
| Utility reconnect  |  | 91.72  |         | 1 |
| <b>Temporary services or feeders installation, alteration, and/or relocation</b>     |  |  |         |   |
| 200 amps or less   |  | 91.72  |         | 2 |
| 201 amps to 400 amps   |  | 127.41   |         | 2 |
| 401 amps to 600 amps   |  | 184.11   |         | 2 |
| 601 amps to 1,000 amps   |  | 225.29   |         | 2 |
| <b>Branch circuits - new, alteration, or extension, per panel</b>                    |  |  |         |   |
| A. Fee for branch circuits with above service or feeder fee, each branch circuit     |  | 4.26   |         | 2 |
| B. Fee for branch circuits without service or feeder fee, first branch circuit       |  | 81.14  |         | 2 |
| Each add'l branch circuit  |  | 4.26   |         |   |
| <b>Miscellaneous (service or feeder not included)</b>                                |  |  |         |   |
| Each manufactured or modular dwelling, service, and/or feeder                        |  | 91.72  |         | 2 |
| Pump or irrigation circle  |  | 91.72  |         | 2 |
| Sign or outline lighting   |  | 91.72  |         | 2 |
| Signal circuit(s) or limited-energy panel, alteration, or extension. Describe:       |  | 91.72  |         | 2 |
| <b>Each additional inspection over allowable in any of the above</b>                 |  |  |         |   |
| Per inspection   |  | 81.14  |         |   |
| Investigation fee  |  |  |         |   |
| Other:   |  |  |         |   |
| Electrical permit fees   |  |  |         |   |
| SUBTOTAL   |  |  | 46.42   |   |
| Plan review (25% of permit fee)  |  |  |         |   |
| State surcharge (12% of permit fee)  |  |  | 5.57    |   |
| TOTAL PERMIT FEE   |  |  | \$51.99 |   |

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete.  
 \* Number of inspections allowed per permit.  
 Form B70-1002 REV 10/17



## Renewable Electrical Energy Permit Application

Community and Economic Development  
 PO Box 4755, Beaverton, OR 97076  
 Phone: (503) 626-2403; Fax: (503) 626-2550  
 Internet address: www.BeavertonOregon.gov/building

### OFFICE USE ONLY

Date Received: 7/19/2020 Permit No.: B2020-2284  
 Date Issued: 7/19/2020 *OK*  
 CITY OF BEAVERTON BUILDING DIVISION Payment Type:

**TYPE OF WORK**

New construction       Addition/alteration/replacement  
 Other:

**CATEGORY OF CONSTRUCTION**

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

**JOB SITE INFORMATION AND LOCATION**

Job no.:      Job 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

PROPERTY OWNER       TENANT

Name: Jeff Albert  
 Address: 10882 Southwest Adele Dr  
 City/State/ZIP: Portland, OR 97225  
 Phone:      Fax:  
 E-mail:

Owner installation: This installation is being made on property that I own, which is not intended for sale, lease, rent, or exchange.  
 Owner signature: \_\_\_\_\_ Date: \_\_\_\_\_

**CONTRACTOR**

Business name: SolarCity Corp.  
 Address: 6132 NE 112th Ave  
 City/State/ZIP: Portland OR 97220  
 Phone: 503-894-6903      Fax: 1-866-445-7459  
 E-mail: Melissa.Farias@SolarCity.com      CCB lic. no.: 180498  
 Electrical lic. no.: C562      City or metro lic.: 10324  
 Supervising electrician signature, required: *M. Farias*  
 Print name: Nicholas Armstrong - 5873S      Date: 7/1/2020  
 Authorized signature: *M. Farias*  
 Print name: Melissa Farias      Date: 7/1/2020

| FEE SCHEDULE   |              |           |              |
|--|--------------|-----------|--------------|
| Number of Inspections per Item ( )<br>Renewable energy installation per system total   | No. of Items | Cost Each | Total        |
| 5 kva or less (2)  | 1            | 63.71     | 0.00         |
| 5.01 to 15 kva (2)   |              | 90.95     | 0.00         |
| 15.01 to 25 kva (2)  |              | 108.26    | 0.00         |
| 25.01 kva and over (2)   |              | 180.09    | 0.00         |
| Miscellaneous fees, hourly rate  |              | 80.00     | 0.00         |
| Each additional inspection (1)<br>(OAR 818-309-0070)   |              | 63.71     | 0.00         |
| FEE TOTALS   |              |           | Recalculate  |
| Subtotal   |              |           | 0.00         |
| <input type="checkbox"/> Plan review required for systems over 25 kva at 25% of Subtotal. No 12% surcharge on plan review fee. (25% of permit fee) |              |           |              |
| State surcharge (12% of permit fee)  |              |           | 0.00         |
| <b>TOTAL PERMIT FEE</b>  |              |           | <b>30.00</b> |

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

rev 7/13



City Of Beaverton  
 12725 SW Millikan Way  
 Beaverton, OR 97076  
 Phone: 503-526-2542  
 Email: cunderwood@beavertonoregon.gov

## Residential Electrical Authorization To Begin Work

05350-BEL-20-00485

Approval Code: 151288 7/9/2020 7:18 am

E-mailed To: ADMIN@LANGSTONELECTRIC.COM

| TYPE OF WORK   |   |
|--|---|
| <input type="checkbox"/> New Construction                              | <input checked="" type="checkbox"/> Addition/alteration/replacement |
| CATEGORY OF CONSTRUCTION   |   |
| <input type="checkbox"/> 1 or 2 family dwelling                        | <input type="checkbox"/> Multi-family                               |
| <input type="checkbox"/> Commercial                                    | <input type="checkbox"/> Accessory                                  |
| JOB SITE INFORMATION AND LOCATION                                      |   |
| Job Address: 9350 SW 165TH PL  |   |
| City/State/ZIP: BEAVERTON, OR 97007                                    |   |
| Suite/bldg./apt.no.:   |   |
| Project Name:  |   |
| Cross Street/directions to job site:                                   |   |
| Tax map/parcel no.: 1S129CB00500                                       |   |
| DESCRIPTION OF WORK  |   |
| Installed new outlets for wet bar in basement and additional in garage |   |
| APPLICANT  |   |
| Name: Paul Langston  |   |
| Phone: 9712945403  | Fax:  |
| Email:   |   |
| CONTRACTOR   |   |
| Elec lic. no.: C1381   | CCB lic. no.: 221266  |
| Business Name: LANGSTON ELECTRIC LLC                                   |   |
| Contact:   |   |
| Address: PQ BOX 2363   |   |
| City/State/ZIP: BEAVERTON, OR 97075                                    |   |
| Phone: 9712945403  | Fax:  |
| Email: ADMIN@LANGSTONELECTRIC.COM                                      |   |
| Metro lic. no.:  | City lic. no.:  |
| Supervising Electrician's lic. no.:                                    |   |
| Supervising Electrician's Name:  |   |
| Number of inspections included in paid services:                       |   |
| Residential Service:   | 4   |
| Reconnect Only:  | 1   |
| All Other Services:  | 2   |

| PLAN REVIEW   |   |   |  |
|---|---|---|--|
| Please check all that apply:  |   | <input type="checkbox"/> Hazardous locations  |  |
| <input type="checkbox"/> A service or feeder beginning at 400 Amps where the available fault current exceeds 10,000 Amps at 150 Volts or less to ground exceeds 14,000 Amps for all other | <input type="checkbox"/> A service or feeder rated at 600 amps or more  | <input type="checkbox"/> Buildings more than three stor                             | <input type="checkbox"/> Marinas and boat yards                |
| <input type="checkbox"/> Fire pumps   | <input type="checkbox"/> Emergency systems                              | <input type="checkbox"/> Floating buildings   | <input type="checkbox"/> Commercial-use agricultural buildings |
| <input type="checkbox"/> Addition of a new motor load of 100 HP or more   | <input type="checkbox"/> Six or more residential units in one structure | <input type="checkbox"/> Installation of a 150 KVA or larger separately derived sys | <input type="checkbox"/> "A", "E", or "I-2" or "I-3"           |
| <input type="checkbox"/> Health care facilities   | <input type="checkbox"/> Recreational Vehicle Parks                     | <input type="checkbox"/> Supply voltage for more than 600 supply volts nominal      |  |
| FEE SCHEDULE  |   |   |  |
| Description   | Qty.  | Ea.   | Total  |
| <b>Branch circuits</b>  |   |   |  |
| Branch circuits without service or feeder   | 1   | \$81.14   | \$81.14  |
| Branch circuits each additional circuit without service   | 7   | \$4.26  | \$29.82  |
| <b>Electrical Permit Fees</b>   |   |   |  |
| Subtotal  |   |   | \$110.96   |
| State surcharge (12% of permit total)   |   |   | \$13.32  |
| <b>TOTAL PERMIT FEE</b>   |   |   | <b>\$124.28</b>  |

Upon review and approval by your local jurisdiction, your permit will be e-mailed or faxed within one business day, with instructions on how to schedule your inspection.

NOTE: This Authorization To Begin Work expires within 180 days if a permit is not obtained.

The local building department may determine that an Authorization To Begin Work is null and void if it does not meet applicable land use laws and local ordinances.

This Authorization to Begin Work is not a permit, to schedule inspections you need a permit from City Of Beaverton  
 Inspections Phone: 503-526-2400 Inspections Email: cunderwood@beavertonoregon.gov  
 This Authorization To Begin Work must be posted at the job site until replaced by a Permit



**City Of Beaverton**  
 12725 SW Millikan Way  
 Beaverton, OR 97076  
 Phone: 503-526-2542  
 Email: cunderwood@beavertonoregon.gov

**Residential Electrical Authorization To Begin Work**

**05350-BEL-20-00486**

Approval Code: 08612P 7/9/2020 7:46 am

E-mailed To: info@rkelectric.biz

B 2020-2393

| TYPE OF WORK   |  |
|--|--|
| <input type="checkbox"/> New Construction                  | <input checked="" type="checkbox"/> Addition/alteration/replacement  |
| CATEGORY OF CONSTRUCTION                                   |  |
| <input checked="" type="checkbox"/> 1 or 2 family dwelling | <input type="checkbox"/> Multi-family <input type="checkbox"/> Commercial <input type="checkbox"/> Accessory |
| JOB SITE INFORMATION AND LOCATION                          |  |
| Job Address: 14445 SW YEARLING WAY                         |  |
| City/State/ZIP: BEAVERTON, OR 97008                        |  |
| Sulte/bldg./apt.no.:                                       |  |
| Project Name: #8644 Weinstein                              |  |
| Cross Street/directions to job site:                       |  |
| Tax map/parcel no.: 1S128CB06300                           |  |
| DESCRIPTION OF WORK  |  |
| Panel Change   |  |
| APPLICANT  |  |
| Name: Carol Owens  |  |
| Phone: 503-640-1344  | Fax: 503-356-0513  |
| Email:   |  |
| CONTRACTOR   |  |
| Elec lic. no.: 34-375C                                     | CCB lic. no.: 94275  |
| Business Name: RK ELECTRIC INC                             |  |
| Contact:   |  |
| Address: 24495 NW OAK DR                                   |  |
| City/State/ZIP: HILLSBORO, OR 97124                        |  |
| Phone: 5036401344  | Fax: 5033560513  |
| Email: rkurtz@rkelectric.biz                               |  |
| Metro lic. no.:  | City lic. no.:   |
| Supervising Electrician's lic. no.:                        |  |
| Supervising Electrician's Name:                            |  |
| Number of inspections included in paid services:           |  |
| Residential Service:                                       | 4  |
| Reconnect Only:  | 1  |
| All Other Services:  | 2  |

| PLAN REVIEW   |   |
|---|---|
| Please check all that apply:  |   |
| <input type="checkbox"/> A service or feeder beginning at 400 Amps where the available fault current exceeds 10,000 Amps at 150 Volts or less to ground exceeds 14,000 Amps for all other | <input type="checkbox"/> Hazardous locations  |
| <input type="checkbox"/> Fire pumps   | <input type="checkbox"/> Buildings more than three stor                             |
| <input type="checkbox"/> Emergency systems  | <input type="checkbox"/> Marinas and boat yards                                     |
| <input type="checkbox"/> Addition of a new motor load of 100 HP or more   | <input type="checkbox"/> Floating buildings   |
| <input type="checkbox"/> Six or more residential units in one structure   | <input type="checkbox"/> Commercial-use agricultural buildings                      |
| <input type="checkbox"/> Health care facilities   | <input type="checkbox"/> Installation of a 150 KVA or larger separately derived sys |
|   | <input type="checkbox"/> "A", "E", or "I-2" or "I-3"                                |
|   | <input type="checkbox"/> Recreational Vehicle Parks                                 |
|   | <input type="checkbox"/> Supply voltage for more than 600 supply volts nominal      |

| FEE SCHEDULE                          |      |          |                 |
|---------------------------------------|------|----------|-----------------|
| Description                           | Qty. | Ea.      | Total           |
| <b>Services or feeders</b>            |      |          |                 |
| Services 200 amps or less             | 1    | \$115.83 | \$115.83        |
| <b>Electrical Permit Fees</b>         |      |          |                 |
| Subtotal                              |      |          | \$115.83        |
| State surcharge (12% of permit total) |      |          | \$13.90         |
| <b>TOTAL PERMIT FEE</b>               |      |          | <b>\$129.73</b> |

Upon review and approval by your local jurisdiction, your permit will be e-mailed or faxed within one business day, with instructions on how to schedule your inspection.

NOTE: This Authorization To Begin Work expires within 180 days if a permit is not obtained.

The local building department may determine that an Authorization To Begin Work is null and void if it does not meet applicable land use laws and local ordinances.

**This Authorization to Begin Work is not a permit, to schedule inspections you need a permit from City Of Beaverton**  
 Inspections Phone: 503-526-2400 Inspections Email: cunderwood@beavertonoregon.gov  
 This Authorization To Begin Work must be posted at the job site until replaced by a Permit



**City Of Beaverton**  
 12725 SW Millikan Way  
 Beaverton, OR 97076  
 Phone: 503-526-2542  
 Email: cunderwood@beavertonoregon.gov

**Residential Electrical Authorization To Begin Work**

**05350-BEL-20-00487**

Approval Code: 067672 7/9/2020 8:36 am

E-mailed To: tina@redselectric.com

B2020-2394

| TYPE OF WORK   |  |
|--|--|
| <input type="checkbox"/> New Construction                  | <input checked="" type="checkbox"/> Addition/alteration/replacement  |
| CATEGORY OF CONSTRUCTION                                   |  |
| <input checked="" type="checkbox"/> 1 or 2 family dwelling | <input type="checkbox"/> Multi-family <input type="checkbox"/> Commercial <input type="checkbox"/> Accessory |
| JOB SITE INFORMATION AND LOCATION                          |  |
| Job Address: 10105 SW SHEARWATER LOOP                      |  |
| City/State/ZIP: BEAVERTON, OR 97007                        |  |
| Suite/bldg./apt.no.:                                       |  |
| Project Name: DRAKE  |  |
| Cross Street/directions to job site:                       |  |
| Tax map/parcel no.: 1S132BA04300                           |  |
| DESCRIPTION OF WORK  |  |
| MOVE SUBPANEL/BASEMENT WIRING                              |  |
| APPLICANT  |  |
| Name: Tina Muro  |  |
| Phone: 5032336467  | Fax: 5032331281  |
| Email:   |  |
| CONTRACTOR   |  |
| Elec lic. no.: 26-152C                                     | CCB lic. no.: 4443   |
| Business Name: REDS ELECTRIC CO INC                        |  |
| Contact:   |  |
| Address: PO BOX 68999                                      |  |
| City/State/ZIP: PORTLAND, OR 97268                         |  |
| Phone: 5032336467  | Fax: 5032331281  |
| Email: brandi@redselectric.com                             |  |
| Metro lic. no.:  | City lic. no.:   |
| Supervising Electrician's lic. no.:                        |  |
| Supervising Electrician's Name:                            |  |
| Number of inspections included in paid services:           |  |
| Residential Service:                                       | 4  |
| Reconnect Only:  | 1  |
| All Other Services:  | 2  |

| PLAN REVIEW   |   |   |  |
|---|---|---|--|
| <b>Please check all that apply:</b>   |   | <input type="checkbox"/> Hazardous locations  |  |
| <input type="checkbox"/> A service or feeder beginning at 400 Amps where the available fault current exceeds 10,000 Amps at 150 Volts or less to ground exceeds 14,000 Amps for all other | <input type="checkbox"/> A service or feeder rated at 600 amps or more  | <input type="checkbox"/> Buildings more than three stor                             | <input type="checkbox"/> Marinas and boat yards                                |
| <input type="checkbox"/> Fire pumps   | <input type="checkbox"/> Emergency systems                              | <input type="checkbox"/> Floating buildings   | <input type="checkbox"/> Commercial-use agricultural buildings                 |
| <input type="checkbox"/> Addition of a new motor load of 100 HP or more   | <input type="checkbox"/> Six or more residential units in one structure | <input type="checkbox"/> Installation of a 150 KVA or larger separately derived sys | <input type="checkbox"/> "A", "E", or "I-2" or "I-3"                           |
| <input type="checkbox"/> Health care facilities   |   | <input type="checkbox"/> Recreational Vehicle Parks                                 | <input type="checkbox"/> Supply voltage for more than 600 supply volts nominal |
| FEE SCHEDULE  |   |   |  |
| Description   | Qty.  | Ea.   | Total  |
| Services or feeders   |   |   |  |
| Services 200 amps or less   | 1   | \$115.83  | \$115.83   |
| Branch circuits   |   |   |  |
| Branch circuits with service or feeder each circuit   | 4   | \$4.26  | \$17.04  |
| Electrical Permit Fees  |   |   |  |
| Subtotal  |   |   | \$132.87   |
| State surcharge (12% of permit total)   |   |   | \$15.94  |
| <b>TOTAL PERMIT FEE</b>   |   |   | <b>\$148.81</b>  |

Upon review and approval by your local jurisdiction, your permit will be e-mailed or faxed within one business day, with instructions on how to schedule your inspection.

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The local building department may determine that an Authorization To Begin Work is null and void if it does not meet applicable land use laws and local ordinances.

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 Inspections Phone: 503-526-2400 Inspections Email: cunderwood@beavertonoregon.gov  
 This Authorization To Begin Work must be posted at the job site until replaced by a Permit



**City Of Beaverton**  
 12725 SW Millikan Way  
 Beaverton, OR 97076  
 Phone: 503-526-2542  
 Email: cunderwood@beavertonoregon.gov

**Commercial Electrical Authorization To Begin Work**

**05350-BEL-20-00488**

Approval Code: 619030 7/9/2020 2:03 pm

E-mailed To: CEPermits@cepdx.com

B 2020-2402

| TYPE OF WORK                                     |   |
|--|---|
| <input type="checkbox"/> New Construction        | <input checked="" type="checkbox"/> Addition/alteration/replacement |
| CATEGORY OF CONSTRUCTION                         |   |
| <input type="checkbox"/> 1 or 2 family dwelling  | <input type="checkbox"/> Multi-family                               |
| <input checked="" type="checkbox"/> Commercial   | <input type="checkbox"/> Accessory                                  |
| JOB SITE INFORMATION AND LOCATION                |   |
| Job Address: 9400 SW BEAVERTON HILLSDALE HWY     |   |
| City/State/ZIP: BEAVERTON, OR 97005              |   |
| Suite/bldg./apt.no.: 135                         |   |
| Project Name: Aspen Cubes                        |   |
| Cross Street/directions to job site:             |   |
| Tax map/parcel no.: 1S114AC00200                 |   |
| DESCRIPTION OF WORK                              |   |
| Install wiring to power poles for new cubicals.  |   |
| APPLICANT  |   |
| Name: Capitol Electric                           |   |
| Phone: 5032559488                                | Fax: 5032551966   |
| Email:   |   |
| CONTRACTOR                                       |   |
| Elec lic. no.: 26-496C                           | CCB lic. no.: 48748   |
| Business Name: CAPITOL ELECTRIC CO INC           |   |
| Contact:   |   |
| Address: 11401 NE MARX ST                        |   |
| City/State/ZIP: PORTLAND, OR 972201041           |   |
| Phone: 5032559488                                | Fax: 5032551966   |
| Email: CEPERMIT@CEPDX.COM                        |   |
| Metro lic. no.:                                  | City lic. no.:  |
| Supervising Electrician's lic. no.:              |   |
| Supervising Electrician's Name:                  |   |
| Number of inspections included in paid services: |   |
| Residential Service:                             | 4   |
| Reconnect Only:                                  | 1   |
| All Other Services:                              | 2   |

| PLAN REVIEW   |   |
|---|---|
| Please check all that apply:  |   |
| <input type="checkbox"/> A service or feeder beginning at 400 Amps where the available fault current exceeds 10,000 Amps at 150 Volts or less to ground exceeds 14,000 Amps for all other | <input type="checkbox"/> Hazardous locations  |
| <input type="checkbox"/> Fire pumps   | <input type="checkbox"/> Buildings more than three stor                             |
| <input type="checkbox"/> Emergency systems  | <input type="checkbox"/> Marinas and boat yards                                     |
| <input type="checkbox"/> Addition of a new motor load of 100 HP or more   | <input type="checkbox"/> Floating buildings   |
| <input type="checkbox"/> Six or more residential units in one structure   | <input type="checkbox"/> Commercial-use agricultural buildings                      |
| <input type="checkbox"/> Health care facilities   | <input type="checkbox"/> Installation of a 150 KVA or larger separately derived sys |
|   | <input type="checkbox"/> "A", "E", or "I-2" or "I-3"                                |
|   | <input type="checkbox"/> Recreational Vehicle Parks                                 |
|   | <input type="checkbox"/> Supply voltage for more than 600 supply volts nominal      |

| FEE SCHEDULE  |      |         |                 |
|---|------|---------|-----------------|
| Description   | Qty. | Ea.     | Total           |
| <b>Branch circuits</b>                                  |      |         |                 |
| Branch circuits without service or feeder               | 1    | \$81.14 | \$81.14         |
| Branch circuits each additional circuit without service | 6    | \$4.26  | \$25.56         |
| <b>Electrical Permit Fees</b>                           |      |         |                 |
| Subtotal  |      |         | \$106.70        |
| State surcharge (12% of permit total)                   |      |         | \$12.80         |
| <b>TOTAL PERMIT FEE</b>                                 |      |         | <b>\$119.50</b> |

Upon review and approval by your local jurisdiction, your permit will be e-mailed or faxed within one business day, with instructions on how to schedule your inspection.

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**This Authorization to Begin Work is not a permit, to schedule inspections you need a permit from City Of Beaverton**  
 Inspections Phone: 503-526-2400 Inspections Email: cunderwood@beavertonoregon.gov  
 This Authorization To Begin Work must be posted at the job site until replaced by a Permit



**City Of Beaverton**  
 12725 SW Milikan Way  
 Beaverton, OR 97076  
 Phone: 503-526-2542  
 Email: cunderwood@beavertonoregon.gov

**Residential Electrical Authorization To Begin Work**

**05350-BEL-20-00489**

Approval Code: 09008J 7/9/2020 4:38 pm

E-mailed To: leonardelectricinc@gmail.com

B2020-2406

| TYPE OF WORK   |   |
|--|---|
| <input type="checkbox"/> New Construction                  | <input checked="" type="checkbox"/> Addition/alteration/replacement |
| CATEGORY OF CONSTRUCTION                                   |   |
| <input checked="" type="checkbox"/> 1 or 2 family dwelling | <input type="checkbox"/> Multi-family                               |
| <input type="checkbox"/> Commercial                        | <input type="checkbox"/> Accessory                                  |
| JOB SITE INFORMATION AND LOCATION                          |   |
| Job Address: 7655 SW BELMONT DR                            |   |
| City/State/ZIP: BEAVERTON, OR 97008                        |   |
| Suite/bldg./apt.no.:                                       |   |
| Project Name:  |   |
| Cross Street/directions to job site:                       |   |
| Tax map/parcel no.: 1S122CD00114                           |   |
| DESCRIPTION OF WORK  |   |
| Added A/C circuit and service GFCI                         |   |
| APPLICANT  |   |
| Name: Keith Leonard  |   |
| Phone: 9715708103  | Fax: 5039812343   |
| Email:   |   |
| CONTRACTOR   |   |
| Elec lic. no.: C1348                                       | CCB lic. no.: 218984  |
| Business Name: LEONARD ELECTRIC INC                        |   |
| Contact:   |   |
| Address: PO BOX 411  |   |
| City/State/ZIP: HUBBARD, OR 97032                          |   |
| Phone: 9715708103  | Fax: 5039812343   |
| Email: leonardelectricinc@gmail.com                        |   |
| Metro lic. no.:  | City lic. no.:  |
| Supervising Electrician's lic. no.:                        |   |
| Supervising Electrician's Name:                            |   |
| Number of inspections included in paid services:           |   |
| Residential Service:                                       | 4   |
| Reconnect Only:  | 1   |
| All Other Services:  | 2   |

| PLAN REVIEW   |   |
|---|---|
| Please check all that apply:  |   |
| <input type="checkbox"/> A service or feeder beginning at 400 Amps where the available fault current exceeds 10,000 Amps at 150 Volts or less to ground exceeds 14,000 Amps for all other | <input type="checkbox"/> Hazardous locations  |
| <input type="checkbox"/> Fire pumps   | <input type="checkbox"/> Buildings more than three stor                             |
| <input type="checkbox"/> Emergency systems  | <input type="checkbox"/> Marinas and boat yards                                     |
| <input type="checkbox"/> Addition of a new motor load of 100 HP or more   | <input type="checkbox"/> Floating buildings   |
| <input type="checkbox"/> Six or more residential units in one structure   | <input type="checkbox"/> Commercial-use agricultural buildings                      |
| <input type="checkbox"/> Health care facilities   | <input type="checkbox"/> Installation of a 150 KVA or larger separately derived sys |
|   | <input type="checkbox"/> "A", "E", or "I-2" or "I-3"                                |
|   | <input type="checkbox"/> Recreational Vehicle Parks                                 |
|   | <input type="checkbox"/> Supply voltage for more than 600 supply volts nominal      |

| FEE SCHEDULE  |      |         |                |
|---|------|---------|----------------|
| Description   | Qty. | Ea.     | Total          |
| <b>Branch circuits</b>                                  |      |         |                |
| Branch circuits without service or feeder               | 1    | \$81.14 | \$81.14        |
| Branch circuits each additional circuit without service | 1    | \$4.26  | \$4.26         |
| <b>Electrical Permit Fees</b>                           |      |         |                |
| Subtotal  |      |         | \$85.40        |
| State surcharge (12% of permit total)                   |      |         | \$10.25        |
| <b>TOTAL PERMIT FEE</b>                                 |      |         | <b>\$95.65</b> |

Upon review and approval by your local jurisdiction, your permit will be e-mailed or faxed within one business day, with instructions on how to schedule your inspection.

NOTE: This Authorization To Begin Work expires within 180 days if a permit is not obtained.

The local building department may determine that an Authorization To Begin Work is null and void if it does not meet applicable land use laws and local ordinances.

**This Authorization to Begin Work is not a permit, to schedule inspections you need a permit from City Of Beaverton**  
 Inspections Phone: 503-526-2400 Inspections Email: cunderwood@beavertonoregon.gov  
 This Authorization To Begin Work must be posted at the job site until replaced by a Permit



# Electrical Permit Application

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: 7/10/2020 | Permit No: B2020-0618 |
| Date Issued: 7/10/2020   | Payment Type:         |

| TYPE OF WORK  |   |
|---|---|
| <input type="checkbox"/> New construction   | <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"/> Multi-family   | <input type="checkbox"/> Master builder                             |
| <input type="checkbox"/> Accessory building   | <input checked="" type="checkbox"/> Other: School                   |
| JOB SITE INFORMATION AND LOCATION   |   |
| Job no.:  | Job address: 7935 SW Scholls Ferry Rd                               |
| City/State/ZIP: Beaverton, OR 97008   |   |
| Suite/bldg./apt. no.:   | Project name: Whitford Middle Sch                                   |
| Cross street/directions to job site:  |   |
| Subdivision:  | Lot no.:  |
| Tax map/parcel no.:   |   |
| DESCRIPTION OF WORK   |   |
| Install (1) new 200A panel, HVAC replacement & (1) 350A chiller circuit with trenching.   |   |
| <input checked="" type="checkbox"/> PROPERTY OWNER  | <input type="checkbox"/> TENANT                                     |
| Name: Beaverton School District   |   |
| Address: 16550 SW Merlo Rd  |   |
| City/State/ZIP: Beaverton, OR 97003   |   |
| Phone: 503-356-4500   | Fax:  |
| E-mail:   |   |
| Owner installation: This installation is being made on property that I own, which is not intended for sale, lease, rent, or exchange. |   |
| Owner signature: _____ Date: _____  |   |
| <input checked="" type="checkbox"/> APPLICANT   | <input type="checkbox"/> CONTACT PERSON                             |
| Business name: See Below  |   |
| Contact name:   |   |
| Address:  |   |
| City/State/ZIP:   |   |
| Phone:  | Fax:  |
| E-mail:   |   |
| CONTRACTOR  |   |
| Business name: Steele Electric  |   |
| Address: 7741 SW Cirrus Dr  |   |
| City/State/ZIP: Beaverton, OR 97008   |   |
| Phone: 503-268-1311   | Fax:  |
| E-mail: bobby@nwsteele.com  | CCB lic. no.: 186140  |
| Electrical lic. no.: OR20173J   | City or metro lic.:   |
| Supervising electrician signature, required:  |   |
| Print name: Dan Steele  | Date: 03/10/20  |
| Authorized signature:   |   |
| Print name:   | Date:   |

| PLAN REVIEW   |  |  |   |  |
|---|--|--|---|--|
| Please check all that apply:  |  |  |   |  |
| <input type="checkbox"/> Service or feeder 400amps or more                        | <input type="checkbox"/> Service or feeder over 600 amps | <input type="checkbox"/> Building over three stories                 | <input type="checkbox"/> Marinas and boatyards  | <input type="checkbox"/> Floating buildings                          |
| <input type="checkbox"/> Fire pump  | <input type="checkbox"/> Emergency system                | <input type="checkbox"/> Addition of new motor load of 100HP or more | <input checked="" type="checkbox"/> Installation of 150 KVA or larger separately derived system | <input checked="" type="checkbox"/> "A," "E," "I-2," "I-3" occupancy |
| <input type="checkbox"/> Six or more residential units                            | <input type="checkbox"/> Health-care facilities          | <input type="checkbox"/> Hazardous locations                         | <input type="checkbox"/> Recreational vehicle parks   |  |
| FEE SCHEDULE  |  |  |   |  |
| Description   | Qty.   | Fee  | Total   | *  |
| <b>Residential single- or multi-family dwelling unit Includes attached garage</b> |  |  |   |  |
| 1,000 sq. ft. or less   |  | 194.64   |   | 4  |
| Ea. add'l 500 sq. ft. or portion  |  | 34.77  |   |  |
| Limited energy, residential (with above sq. ft.)                                  |  | 46.42  |   | 2  |
| Limited energy, multi-family residential (with above sq. ft.)                     |  | 91.72  |   | 2  |
| <b>Services or feeders installation, alteration, and/or relocation</b>            |  |  |   |  |
| 200 amps or less  | 1  | 115.83   |   | 2  |
| 201 amps to 400 amps  |  | 137.89   |   | 2  |
| 401 amps to 600 amps  |  | 229.34   |   | 2  |
| 601 amps to 1,000 amps  |  | 299.93   |   | 2  |
| Over 1,000 amps or volts  |  | 690.22   |   | 2  |
| Utility reconnect   |  | 91.72  |   | 1  |
| <b>Temporary services or feeders installation, alteration, and/or relocation</b>  |  |  |   |  |
| 200 amps or less  |  | 91.72  |   | 2  |
| 201 amps to 400 amps  |  | 127.41   |   | 2  |
| 401 amps to 600 amps  |  | 184.11   |   | 2  |
| 601 amps to 1,000 amps  |  | 225.29   |   | 2  |
| <b>Branch circuits -- new, alteration, or extension, per panel</b>                |  |  |   |  |
| A. Fee for branch circuits with above service or feeder fee, each branch circuit  | 8  | 4.26   |   | 2  |
| B. Fee for branch circuits without service or feeder fee, first branch circuit    |  | 81.14  |   | 2  |
| Each add'l branch circuit   | 30   | 4.26   |   |  |
| <b>Miscellaneous (service or feeder not included)</b>                             |  |  |   |  |
| Each manufactured or modular dwelling, service, and/or feeder                     |  | 91.72  |   | 2  |
| Pump or irrigation circle   |  | 91.72  |   | 2  |
| Sign or outline lighting  |  | 91.72  |   | 2  |
| Signal circuit(s) or limited-energy panel, alteration, or extension. Describe:    |  | 91.72  |   | 2  |
| <b>Each additional inspection over allowable in any of the above</b>              |  |  |   |  |
| Per inspection  |  | 81.14  |   |  |
| Investigation fee   |  |  |   |  |
| Other:  |  |  |   |  |
| Electrical permit fees  |  |  |   |  |
| <b>SUBTOTAL</b>   |  |  |   | 0.00   |
| Plan review (25% of permit fee)   |  |  |   |  |
| State surcharge (12% of permit fee)   |  |  |   | 0.00   |
| <b>TOTAL PERMIT FEE</b>   |  |  |   | <b>\$0.00</b>  |

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete.  
 \* Number of inspections allowed per permit.  
 Form B70-1002 REV 10/17  
 \$ 850.<sup>55</sup>



# Electrical Permit Application

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: 7/10/2020 | <i>[Signature]</i>     |
| Payment Type:          |                        |

| TYPE OF WORK  |  |
|---|--|
| <input checked="" type="checkbox"/> New construction  | <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"/> Multi-family   | <input type="checkbox"/> Master builder                  |
| <input type="checkbox"/> Accessory building   |  |
| <input type="checkbox"/> Other:   |  |
| JOB SITE INFORMATION AND LOCATION   |  |
| Job no.:  | Job address: 17316 SW Kite Lane                          |
| City/State/ZIP: Beaverton, OR 97007   |  |
| Suite/bldg./apt. no.:   | Project name: SCMH                                       |
| Cross street/directions to job site:  |  |
| Subdivision: South Cooper MTN HTS   | Lot no.: 98  |
| Tax map/parcel no.:   |  |
| DESCRIPTION OF WORK   |  |
| NEW SFR   |  |
| <input checked="" type="checkbox"/> PROPERTY OWNER  | <input type="checkbox"/> TENANT                          |
| Name: Everett Custom Homes INC  |  |
| Address: 3330 NW Yeon Ave, Suite 100  |  |
| City/State/ZIP: Portland, OR 97210  |  |
| Phone: (503) 726-7060   | Fax:   |
| E-mail: jreilly@everetthomesnw.com  |  |
| Owner Installation: This installation is being made on property that I own, which is not intended for sale, lease, rent, or exchange. |  |
| Owner signature: _____  | Date: _____  |
| <input checked="" type="checkbox"/> APPLICANT   | <input 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: Garner Electric  |  |
| Address: 2920 SE Brookwood Ave  |  |
| City/State/ZIP: Hillsboro OR 97123  |  |
| Phone: 503-648-4552   | Fax:   |
| E-mail: melgarner@garnerelectric.com  | CCB lic. no.: 121159                                     |
| Electrical lic. no.: 34-3056  | City or metro lic.: 4110                                 |
| Supervising electrician signature, required: <i>[Signature]</i>   |  |
| Print name: Chuck Garner  | Date: 5/29/20  |
| Authorized signature: <i>[Signature]</i>  |  |
| Print name: Melissa Stock   | Date: 5/29/20  |

| PLAN REVIEW   |  |  |  |
|---|--|--|--|
| Please check all that apply:  |  | <input type="checkbox"/> Service or feeder over 600 amps       |  |
| <input type="checkbox"/> Service or feeder 400amps or more                          | <input type="checkbox"/> Building over three stories   | <input type="checkbox"/> Marinas and boatyards                 | <input type="checkbox"/> Floating buildings  |
| <input type="checkbox"/> Fire pump  | <input type="checkbox"/> Emergency system              | <input type="checkbox"/> Commercial-use agricultural buildings | <input type="checkbox"/> Installation of 150 KVA or larger separately derived system |
| <input type="checkbox"/> Addition of new motor load of 100HP or more                | <input type="checkbox"/> Six or more residential units | <input type="checkbox"/> "A," "E," "I-2," "I-3" occupancy      | <input type="checkbox"/> Recreational vehicle parks                                  |
| <input type="checkbox"/> Health-care facilities                                     | <input type="checkbox"/> Hazardous locations           |  |  |
| FEE SCHEDULE  |  |  |  |
| Description   | Qty.   | Fee  | Total  |
| <b>Residential single- or multi-family dwelling unit (includes attached garage)</b> |  |  |  |
| 1,000 sq. ft. or less   | 1  | 194.64   | 4  |
| Ea. add'l 500 sq. ft. or portion  | 3  | 34.77  |  |
| Limited energy, residential (with above sq. ft.)                                    | 1  | 46.42  | 46.42  |
| Limited energy, multi-family residential (with above sq. ft.)                       |  | 91.72  | 2  |
| <b>Services or feeders installation, alteration, and/or relocation</b>              |  |  |  |
| 200 amps or less  |  | 115.83   | 2  |
| 201 amps to 400 amps  |  | 137.89   | 2  |
| 401 amps to 600 amps  |  | 229.34   | 2  |
| 601 amps to 1,000 amps  |  | 299.93   | 2  |
| Over 1,000 amps or volts  |  | 690.22   | 2  |
| Utility reconnect   |  | 91.72  | 1  |
| <b>Temporary services or feeders installation, alteration, and/or relocation</b>    |  |  |  |
| 200 amps or less  |  | 91.72  | 2  |
| 201 amps to 400 amps  |  | 127.41   | 2  |
| 401 amps to 600 amps  |  | 184.11   | 2  |
| 601 amps to 1,000 amps  |  | 225.29   | 2  |
| <b>Branch circuits - new, alteration, or extension, per panel</b>                   |  |  |  |
| A. Fee for branch circuits with above service or feeder fee, each branch circuit    |  | 4.26   | 2  |
| B. Fee for branch circuits without service or feeder fee, first branch circuit      |  | 81.14  | 2  |
| Each add'l branch circuit   |  | 4.26   |  |
| <b>Miscellaneous (service or feeder not included)</b>                               |  |  |  |
| Each manufactured or modular dwelling, service, and/or feeder                       |  | 91.72  | 2  |
| Pump or irrigation circle   |  | 91.72  | 2  |
| Sign or outline lighting  |  | 91.72  | 2  |
| Signal circuit(s) or limited-energy panel, alteration, or extension. Describe:      |  | 91.72  | 2  |
| <b>Each additional inspection over allowable in any of the above</b>                |  |  |  |
| Per inspection  |  | 81.14  |  |
| Investigation fee   |  |  |  |
| Other:  |  |  |  |
| Electrical permit fees  |  |  |  |
| SUBTOTAL  |  |  | 46.42  |
| Plan review (25% of permit fee)   |  |  |  |
| State surcharge (12% of permit fee)   |  |  | 5.57   |
| TOTAL PERMIT FEE  |  |  | \$51.99  |

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

\* Number of inspections allowed per permit.  
 Form B70-1002 REV 10/17



City Of Beaverton  
 12725 SW Milikan Way  
 Beaverton, OR 97076  
 Phone: 503-526-2542  
 Email: cunderwood@beavertonoregon.gov

**Commercial Electrical Authorization To Begin Work**

**05350-BEL-20-00481**

Approval Code: 00529G 7/7/2020 2:03 pm

E-mailed To: jconsiglio@jce.us

B2020-2359

| TYPE OF WORK   |   |
|--|---|
| <input type="checkbox"/> New Construction                | <input checked="" type="checkbox"/> Addition/alteration/replacement |
| CATEGORY OF CONSTRUCTION                                 |   |
| <input type="checkbox"/> 1 or 2 family dwelling          | <input type="checkbox"/> Multi-family                               |
| <input checked="" type="checkbox"/> Commercial           | <input type="checkbox"/> Accessory                                  |
| JOB SITE INFORMATION AND LOCATION                        |   |
| Job Address: 14780 SW OSPREY DR                          |   |
| City/State/ZIP: BEAVERTON, OR 97007                      |   |
| Suite/bldg./apt.no.: 250                                 |   |
| Project Name: Murray Hill Suite 250                      |   |
| Cross Street/directions to job site:                     |   |
| Tax map/parcel no.: 1S132AD00300                         |   |
| DESCRIPTION OF WORK                                      |   |
| Add power for insta hot and (1) GFCI at new counter top. |   |
| APPLICANT  |   |
| Name: Jon Coulimore                                      |   |
| Phone: 360-887-7880                                      | Fax: 360-887-5584   |
| Email:   |   |
| CONTRACTOR   |   |
| Elec lic. no.: 37-724C                                   | CCB lic. no.: 118452  |
| Business Name: JC ELECTRIC INC                           |   |
| Contact:   |   |
| Address: 9014 NE ST JOHNS RD #101                        |   |
| City/State/ZIP: VANCOUVER, WA 98665                      |   |
| Phone: 3608877889  | Fax:  |
| Email: JILL@JCE.US                                       |   |
| Metro lic. no.:  | City lic. no.:  |
| Supervising Electrician's lic. no.:                      |   |
| Supervising Electrician's Name:                          |   |
| Number of inspections included in paid services:         |   |
| Residential Service:                                     | 4   |
| Reconnect Only:  | 1   |
| All Other Services:                                      | 2   |

| PLAN REVIEW   |   |
|---|---|
| Please check all that apply:  |   |
| <input type="checkbox"/> A service or feeder beginning at 400 Amps where the available fault current exceeds 10,000 Amps at 150 Volts or less to ground exceeds 14,000 Amps for all other | <input type="checkbox"/> Hazardous locations  |
| <input type="checkbox"/> Fire pumps   | <input type="checkbox"/> A service or feeder rated at 600 amps or more              |
| <input type="checkbox"/> Emergency systems  | <input type="checkbox"/> Buildings more than three stor                             |
| <input type="checkbox"/> Addition of a new motor load of 100 HP or more   | <input type="checkbox"/> Marinas and boat yards                                     |
| <input type="checkbox"/> Six or more residential units in one structure   | <input type="checkbox"/> Floating buildings   |
| <input type="checkbox"/> Health care facilities   | <input type="checkbox"/> Commercial-use agricultural buildings                      |
|   | <input type="checkbox"/> Installation of a 150 KVA or larger separately derived sys |
|   | <input type="checkbox"/> "A", "E", or "I-2" or "I-3"                                |
|   | <input type="checkbox"/> Recreational Vehicle Parks                                 |
|   | <input type="checkbox"/> Supply voltage for more than 600 supply volts nominal      |

| FEE SCHEDULE                              |      |         |                |
|---|------|---------|----------------|
| Description                               | Qty. | Ea.     | Total          |
| <b>Branch circuits</b>                    |      |         |                |
| Branch circuits without service or feeder | 1    | \$81.14 | \$81.14        |
| <b>Electrical Permit Fees</b>             |      |         |                |
| Subtotal                                  |      |         | \$81.14        |
| State surcharge (12% of permit total)     |      |         | \$9.74         |
| <b>TOTAL PERMIT FEE</b>                   |      |         | <b>\$90.88</b> |

Upon review and approval by your local jurisdiction, your permit will be e-mailed or faxed within one business day, with instructions on how to schedule your inspection.

NOTE: This Authorization To Begin Work expires within 180 days if a permit is not obtained.

The local building department may determine that an Authorization To Begin Work is null and void if it does not meet applicable land use laws and local ordinances.

**This Authorization to Begin Work is not a permit, to schedule inspections you need a permit from City Of Beaverton**  
 Inspections Phone: 503-526-2400 Inspections Email: cunderwood@beavertonoregon.gov  
 This Authorization To Begin Work must be posted at the job site until replaced by a Permit



**City Of Beaverton**  
 12725 SW Millikan Way  
 Beaverton, OR 97076  
 Phone: 503-526-2542  
 Email: cunderwood@beavertonoregon.gov

**Commercial Electrical Authorization To Begin Work**

**05350-BEL-20-00480**

Approval Code: 04048G 7/7/2020 1:58 pm

E-mailed To: jconsiglio@jce.us

| TYPE OF WORK   |   |
|--|---|
| <input type="checkbox"/> New Construction  | <input checked="" type="checkbox"/> Addition/alteration/replacement |
| CATEGORY OF CONSTRUCTION   |   |
| <input type="checkbox"/> 1 or 2 family dwelling  | <input type="checkbox"/> Multi-family                               |
| <input checked="" type="checkbox"/> Commercial   | <input type="checkbox"/> Accessory                                  |
| JOB SITE INFORMATION AND LOCATION  |   |
| Job Address: 14780 SW OSPREY DR  |   |
| City/State/ZIP: BEAVERTON, OR 97007  |   |
| Suite/bldg./apt.no.: 285   |   |
| Project Name: Murray Hill Suite 285  |   |
| Cross Street/directions to job site:   |   |
| Tax map/parcel no.: 1S132AD00300   |   |
| DESCRIPTION OF WORK  |   |
| Relocate/extend (10) outlets/data at furred out wall locations and (1) Fixture for new wall. |   |
| APPLICANT  |   |
| Name: Jon Coulimore  |   |
| Phone: 360-887-7880  | Fax: 360-887-5584   |
| Email:   |   |
| CONTRACTOR   |   |
| Elec lic. no.: 37-724C   | CCB lic. no.: 118452  |
| Business Name: JC ELECTRIC INC   |   |
| Contact:   |   |
| Address: 9014 NE ST JOHNS RD #101  |   |
| City/State/ZIP: VANCOUVER, WA 98665  |   |
| Phone: 3608877889  | Fax:  |
| Email: JILL@JCE.US   |   |
| Metro lic. no.:  | City lic. no.:  |
| Supervising Electrician's lic. no.:  |   |
| Supervising Electrician's Name:  |   |
| Number of inspections included in paid services:   |   |
| Residential Service:   | 4   |
| Reconnect Only:  | 1   |
| All Other Services:  | 2   |

| PLAN REVIEW   |   |
|---|---|
| Please check all that apply:  |   |
| <input type="checkbox"/> A service or feeder beginning at 400 Amps where the available fault current exceeds 10,000 Amps at 150 Volts or less to ground exceeds 14,000 Amps for all other | <input type="checkbox"/> Hazardous locations  |
| <input type="checkbox"/> Fire pumps   | <input type="checkbox"/> A service or feeder rated at 600 amps or more              |
| <input type="checkbox"/> Emergency systems  | <input type="checkbox"/> Buildings more than three stor                             |
| <input type="checkbox"/> Addition of a new motor load of 100 HP or more   | <input type="checkbox"/> Marinas and boat yards                                     |
| <input type="checkbox"/> Six or more residential units in one structure   | <input type="checkbox"/> Floating buildings   |
| <input type="checkbox"/> Health care facilities   | <input type="checkbox"/> Commercial-use agricultural buildings                      |
|   | <input type="checkbox"/> Installation of a 150 KVA or larger separately derived sys |
|   | <input type="checkbox"/> "A", "E", or "I-2" or "I-3"                                |
|   | <input type="checkbox"/> Recreational Vehicle Parks                                 |
|   | <input type="checkbox"/> Supply voltage for more than 600 supply volts nominal      |

| FEE SCHEDULE  |      |         |                 |
|---|------|---------|-----------------|
| Description   | Qty. | Ea.     | Total           |
| <b>Branch circuits</b>                                  |      |         |                 |
| Branch circuits without service or feeder               | 1    | \$81.14 | \$81.14         |
| Branch circuits each additional circuit without service | 2    | \$4.26  | \$8.52          |
| <b>Electrical Permit Fees</b>                           |      |         |                 |
| Subtotal  |      |         | \$89.66         |
| State surcharge (12% of permit total)                   |      |         | \$10.76         |
| <b>TOTAL PERMIT FEE</b>                                 |      |         | <b>\$100.42</b> |

Upon review and approval by your local jurisdiction, your permit will be e-mailed or faxed within one business day, with instructions on how to schedule your inspection.

NOTE: This Authorization To Begin Work expires within 180 days if a permit is not obtained.

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 Inspections Phone: 503-526-2400 Inspections Email: cunderwood@beavertonoregon.gov  
**This Authorization To Begin Work must be posted at the job site until replaced by a Permit**



**City Of Beaverton**  
 12725 SW Millikan Way  
 Beaverton, OR 97076  
 Phone: 503-526-2542  
 Email: cunderwood@beavertonoregon.gov

**Commercial Electrical Authorization To Begin Work**

**05350-BEL-20-00483**

Approval Code: 09851G 7/7/2020 9:23 pm

E-mailed To: permits@On-electric.com

B2020-2364

| TYPE OF WORK   |   |
|--|---|
| <input type="checkbox"/> New Construction  | <input checked="" type="checkbox"/> Addition/alteration/replacement |
| CATEGORY OF CONSTRUCTION   |   |
| <input type="checkbox"/> 1 or 2 family dwelling  | <input type="checkbox"/> Multi-family                               |
| <input checked="" type="checkbox"/> Commercial   | <input type="checkbox"/> Accessory                                  |
| JOB SITE INFORMATION AND LOCATION  |   |
| Job Address: 3300 SW CEDAR HILLS BLVD  |   |
| City/State/ZIP: BEAVERTON, OR 97005  |   |
| Suite/bldg./apt.no.:   |   |
| Project Name:  |   |
| Cross Street/directions to job site:   |   |
| Tax map/parcel no.: 1S109DA03300   |   |
| DESCRIPTION OF WORK  |   |
| Reground Electrical System<br>This is for address 3280 Cedar Hill ( Cedar Hill Liquor)<br>Building next door |   |
| APPLICANT  |   |
| Name: Vanessa Diosdado   |   |
| Phone: 5036542030  | Fax: 5036542020   |
| Email:   |   |
| CONTRACTOR   |   |
| Elec lic. no.: C1078   | CCB lic. no.: 205100  |
| Business Name: ON ELECTRIC LLC   |   |
| Contact:   |   |
| Address: 9720 SW HILLMAN CT STE 815  |   |
| City/State/ZIP: WILSONVILLE, OR 97070  |   |
| Phone: 5032882211  | Fax: 5032882231   |
| Email: permits@on-electric.com   |   |
| Metro lic. no.:  | City lic. no.:  |
| Supervising Electrician's lic. no.:  |   |
| Supervising Electrician's Name:  |   |
| Number of inspections included in paid services:   |   |
| Residential Service:   | 4   |
| Reconnect Only:  | 1   |
| All Other Services:  | 2   |

| PLAN REVIEW   |   |
|---|---|
| Please check all that apply:  |   |
| <input type="checkbox"/> A service or feeder beginning at 400 Amps where the available fault current exceeds 10,000 Amps at 150 Volts or less to ground exceeds 14,000 Amps for all other | <input type="checkbox"/> Hazardous locations  |
| <input type="checkbox"/> Fire pumps   | <input type="checkbox"/> A service or feeder rated at 600 amps or more              |
| <input type="checkbox"/> Emergency systems  | <input type="checkbox"/> Buildings more than three stor                             |
| <input type="checkbox"/> Addition of a new motor load of 100 HP or more   | <input type="checkbox"/> Marinas and boat yards                                     |
| <input type="checkbox"/> Six or more residential units in one structure   | <input type="checkbox"/> Floating buildings   |
| <input type="checkbox"/> Health care facilities   | <input type="checkbox"/> Commercial-use agricultural buildings                      |
|   | <input type="checkbox"/> Installation of a 150 KVA or larger seperately derived sys |
|   | <input type="checkbox"/> "A", "E", or "I-2" or "I-3"                                |
|   | <input type="checkbox"/> Recreational Vehicle Parks                                 |
|   | <input type="checkbox"/> Supply voitage for more than 600 supply volts nominal      |

| FEE SCHEDULE  |      |         |                |
|---|------|---------|----------------|
| Description   | Qty. | Ea.     | Total          |
| <b>Branch circuits</b>                                  |      |         |                |
| Branch circuits without service or feeder               | 1    | \$81.14 | \$81.14        |
| Branch circuits each additional circuit without service | 1    | \$4.26  | \$4.26         |
| <b>Electrical Permit Fees</b>                           |      |         |                |
| Subtotal  |      |         | \$85.40        |
| State surcharge (12% of permit total)                   |      |         | \$10.25        |
| <b>TOTAL PERMIT FEE</b>                                 |      |         | <b>\$95.65</b> |

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 Inspections Phone: 503-526-2400 Inspections Email: cunderwood@beavertonoregon.gov  
 This Authorization To Begin Work must be posted at the job site until replaced by a Permit



**City Of Beaverton**  
 12725 SW Millikan Way  
 Beaverton, OR 97076  
 Phone: 503-526-2542  
 Email: cunderwood@beavertonoregon.gov

**Commercial Electrical Authorization To Begin Work**

**05350-BEL-20-00482**

Approval Code: 08183G 7/7/2020 9:19 pm

E-mailed To: permits@On-electric.com

B 2020-2365

| TYPE OF WORK                                     |   |
|--|---|
| <input type="checkbox"/> New Construction        | <input checked="" type="checkbox"/> Addition/alteration/replacement |
| CATEGORY OF CONSTRUCTION                         |   |
| <input type="checkbox"/> 1 or 2 family dwelling  | <input type="checkbox"/> Multi-family                               |
| <input checked="" type="checkbox"/> Commercial   | <input type="checkbox"/> Accessory                                  |
| JOB SITE INFORMATION AND LOCATION                |   |
| Job Address: 3300 SW CEDAR HILLS BLVD            |   |
| City/State/ZIP: BEAVERTON, OR 97005              |   |
| Suite/bldg./apt.no.:                             |   |
| Project Name:                                    |   |
| Cross Street/directions to job site:             |   |
| Tax map/parcel no.: 1S109DA03300                 |   |
| DESCRIPTION OF WORK                              |   |
| Reground electrical system                       |   |
| APPLICANT  |   |
| Name: Vanessa Djisdado                           |   |
| Phone: 5036542030                                | Fax: 5036542020   |
| Email:   |   |
| CONTRACTOR                                       |   |
| Elec lic. no.: C1078                             | CCB lic. no.: 205100  |
| Business Name: ON ELECTRIC LLC                   |   |
| Contact:   |   |
| Address: 9720 SW HILLMAN CT STE 815              |   |
| City/State/ZIP: WILSONVILLE, OR 97070            |   |
| Phone: 5032882211                                | Fax: 5032882231   |
| Email: permits@on-electric.com                   |   |
| Metro lic. no.:                                  | City lic. no.:  |
| Supervising Electrician's lic. no.:              |   |
| Supervising Electrician's Name:                  |   |
| Number of inspections included in paid services: |   |
| Residential Service:                             | 4   |
| Reconnect Only:                                  | 1   |
| All Other Services:                              | 2   |

| PLAN REVIEW   |   |   |  |
|---|---|---|--|
| Please check all that apply:  |   | <input type="checkbox"/> Hazardous locations  |  |
| <input type="checkbox"/> A service or feeder beginning at 400 Amps where the available fault current exceeds 10,000 Amps at 150 Volts or less to ground exceeds 14,000 Amps for all other | <input type="checkbox"/> A service or feeder rated at 600 amps or more  | <input type="checkbox"/> Buildings more than three stor                             | <input type="checkbox"/> Marinas and boat yards                                |
| <input type="checkbox"/> Fire pumps   | <input type="checkbox"/> Emergency systems                              | <input type="checkbox"/> Floating buildings   | <input type="checkbox"/> Commercial-use agricultural buildings                 |
| <input type="checkbox"/> Addition of a new motor load of 100 HP or more   | <input type="checkbox"/> Six or more residential units in one structure | <input type="checkbox"/> Installation of a 150 KVA or larger separately derived sys | <input type="checkbox"/> "A", "E", or "I-2" or "I-3"                           |
| <input type="checkbox"/> Health care facilities   |   | <input type="checkbox"/> Recreational Vehicle Parks                                 | <input type="checkbox"/> Supply voltage for more than 600 supply volts nominal |
| FEE SCHEDULE  |   |   |  |
| Description   | Qty.  | Ea.   | Total  |
| Branch circuits   |   |   |  |
| Branch circuits without service or feeder   | 1   | \$81.14   | \$81.14  |
| Branch circuits each additional circuit without service   | 1   | \$4.26  | \$4.26   |
| Electrical Permit Fees  |   |   |  |
| Subtotal  |   |   | \$85.40  |
| State surcharge (12% of permit total)   |   |   | \$10.25  |
| <b>TOTAL PERMIT FEE</b>   |   |   | <b>\$95.65</b>   |

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 Inspections Phone: 503-526-2400 Inspections Email: cunderwood@beavertonoregon.gov  
 This Authorization To Begin Work must be posted at the job site until replaced by a Permit

| TYPE OF WORK  |   |
|---|---|
| <input type="checkbox"/> New Construction           | <input checked="" type="checkbox"/> Addition/alteration/replacement |
| CATEGORY OF CONSTRUCTION                            |   |
| <input type="checkbox"/> 1 or 2 family dwelling     | <input checked="" type="checkbox"/> Multi-family                    |
| <input type="checkbox"/> Commercial                 | <input type="checkbox"/> Accessory                                  |
| JOB SITE INFORMATION AND LOCATION                   |   |
| Job Address: 12275 SW ALLEN BLVD                    |   |
| City/State/ZIP: BEAVERTON, OR 97005                 |   |
| Suite/bldg./apt.no.: 25                             |   |
| Project Name: 6568-ALLEN CROSSING/TIP PROPERTY MGMT |   |
| Cross Street/directions to job site:                |   |
| Tax map/parcel no.: 1S115CC06400                    |   |
| DESCRIPTION OF WORK                                 |   |
| REPAIRED DAMAGE WIRING IN CEILING IN UNIT#20 & 22   |   |
| APPLICANT   |   |
| Name: CRYSTAL KREGER                                |   |
| Phone: 5032311548                                   | Fax:  |
| Email:  |   |
| CONTRACTOR  |   |
| Elec lic. no.: 26-135C                              | CCB lic. no.: 13306   |
| Business Name: WEST SIDE ELECTRIC COMPANY INC       |   |
| Contact:  |   |
| Address: 1834 SE 8TH AVE                            |   |
| City/State/ZIP: PORTLAND, OR 972143532              |   |
| Phone: 5032311548                                   | Fax: 5037360677   |
| Email: DICKK@WESTSIDEELECTRIC.COM                   |   |
| Metro lic. no.:                                     | City lic. no.:  |
| Supervising Electrician's lic. no.:                 |   |
| Supervising Electrician's Name:                     |   |
| Number of inspections included in paid services:    |   |
| Residential Service:                                | 4   |
| Reconnect Only:                                     | 1   |
| All Other Services:                                 | 2   |

| PLAN REVIEW   |   |   |  |
|---|---|---|--|
| <b>Please check all that apply:</b>   |   | <input type="checkbox"/> Hazardous locations  |  |
| <input type="checkbox"/> A service or feeder beginning at 400 Amps where the available fault current exceeds 10,000 Amps at 150 Volts or less to ground exceeds 14,000 Amps for all other | <input type="checkbox"/> A service or feeder rated at 600 amps or more  | <input type="checkbox"/> Buildings more than three stor                             | <input type="checkbox"/> Marinas and boat yards                                |
| <input type="checkbox"/> Fire pumps   | <input type="checkbox"/> Emergency systems                              | <input type="checkbox"/> Floating buildings   | <input type="checkbox"/> Commercial-use agricultural buildings                 |
| <input type="checkbox"/> Addition of a new motor load of 100 HP or more   | <input type="checkbox"/> Six or more residential units in one structure | <input type="checkbox"/> Installation of a 150 KVA or larger separately derived sys | <input type="checkbox"/> "A", "E", or "I-2" or "I-3"                           |
| <input type="checkbox"/> Health care facilities   |   | <input type="checkbox"/> Recreational Vehicle Parks                                 | <input type="checkbox"/> Supply voltage for more than 600 supply volts nominal |
| FEE SCHEDULE  |   |   |  |
| Description   | Qty.  | Ea.   | Total  |
| <b>Branch circuits</b>  |   |   |  |
| Branch circuits without service or feeder   | 1   | \$81.14   | \$81.14  |
| <b>Electrical Permit Fees</b>   |   |   |  |
| Subtotal  |   |   | \$81.14  |
| State surcharge (12% of permit total)   |   |   | \$9.74   |
| <b>TOTAL PERMIT FEE</b>   |   |   | <b>\$90.88</b>   |

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City Of Beaverton  
 12725 SW Millikan Way  
 Beaverton, OR 97076  
 Phone: 503-526-2542  
 Email: cunderwood@beavertonoregon.gov

**Commercial Electrical Authorization To Begin Work**

**05350-BEL-20-00471**

Approval Code: 103447 7/3/2020 12:47 pm

E-mailed To: jaimeanava@gmail.com

B2020-2327

| TYPE OF WORK                                     |   |
|--|---|
| <input type="checkbox"/> New Construction        | <input checked="" type="checkbox"/> Addition/alteration/replacement |
| CATEGORY OF CONSTRUCTION                         |   |
| <input type="checkbox"/> 1 or 2 family dwelling  | <input type="checkbox"/> Multi-family                               |
| <input checked="" type="checkbox"/> Commercial   | <input type="checkbox"/> Accessory                                  |
| JOB SITE INFORMATION AND LOCATION                |   |
| Job Address: 8905 SW NIMBUS AVE                  |   |
| City/State/ZIP: BEAVERTON, OR 97008              |   |
| Suite/bldg./apt.no.: 150                         |   |
| Project Name: E-70108-1                          |   |
| Cross Street/directions to job site:             |   |
| Tax map/parcel no.: 1S127AC01000                 |   |
| DESCRIPTION OF WORK                              |   |
| Data network cabling for Mortgage office.        |   |
| APPLICANT  |   |
| Name: JAIME NAVA                                 |   |
| Phone: 5034737429                                | Fax:  |
| Email:   |   |
| CONTRACTOR                                       |   |
| Elec lic. no.: CLE402                            | CCB lic. no.: 205609  |
| Business Name: MERCHTEL LLC                      |   |
| Contact:   |   |
| Address: 4230 SE KING RD #180                    |   |
| City/State/ZIP: MILWAUKIE, OR 97222              |   |
| Phone: 5034737429                                | Fax:  |
| Email: JAY@MERCHTEL.COM                          |   |
| Metro lic. no.:                                  | City lic. no.:  |
| Supervising Electrician's lic. no.:              |   |
| Supervising Electrician's Name:                  |   |
| Number of inspections included in paid services: |   |
| Residential Service:                             | 4   |
| Reconnect Only:                                  | 1   |
| All Other Services:                              | 2   |

| PLAN REVIEW   |   |
|---|---|
| Please check all that apply:  |   |
| <input type="checkbox"/> A service or feeder beginning at 400 Amps where the available fault current exceeds 10,000 Amps at 150 Volts or less to ground exceeds 14,000 Amps for all other | <input type="checkbox"/> Hazardous locations  |
| <input type="checkbox"/> Fire pumps   | <input type="checkbox"/> A service or feeder rated at 600 amps or more              |
| <input type="checkbox"/> Emergency systems  | <input type="checkbox"/> Buildings more than three stor                             |
| <input type="checkbox"/> Addition of a new motor load of 100 HP or more   | <input type="checkbox"/> Marinas and boat yards                                     |
| <input type="checkbox"/> Six or more residential units in one structure   | <input type="checkbox"/> Floating buildings   |
| <input type="checkbox"/> Health care facilities   | <input type="checkbox"/> Commercial-use agricultural buildings                      |
|   | <input type="checkbox"/> Installation of a 150 KVA or larger separately derived sys |
|   | <input type="checkbox"/> "A", "E", or "I-2" or "I-3"                                |
|   | <input type="checkbox"/> Recreational Vehicle Parks                                 |
|   | <input type="checkbox"/> Supply voltage for more than 600 supply volts nominal      |

| FEE SCHEDULE                           |      |         |                 |
|--|------|---------|-----------------|
| Description                            | Qty. | Ea.     | Total           |
| <b>Limited Energy</b>                  |      |         |                 |
| Stand-alone limited energy, commercial | 1    | \$91.72 | \$91.72         |
| <b>Electrical Permit Fees</b>          |      |         |                 |
| Subtotal                               |      |         | \$91.72         |
| State surcharge (12% of permit total)  |      |         | \$11.01         |
| <b>TOTAL PERMIT FEE</b>                |      |         | <b>\$102.73</b> |

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**City Of Beaverton**  
 12725 SW Millikan Way  
 Beaverton, OR 97076  
 Phone: 503-526-2542  
 Email: cunderwood@beavertonoregon.gov

**Commercial Electrical Authorization To Begin Work**

**05350-BEL-20-00470**

Approval Code: 000210 7/3/2020 7:02 am

E-mailed To: larry@dickinsonselectric.com

| TYPE OF WORK   |   |
|--|---|
| <input type="checkbox"/> New Construction                | <input checked="" type="checkbox"/> Addition/alteration/replacement |
| CATEGORY OF CONSTRUCTION                                 |   |
| <input type="checkbox"/> 1 or 2 family dwelling          | <input type="checkbox"/> Multi-family                               |
| <input checked="" type="checkbox"/> Commercial           | <input type="checkbox"/> Accessory                                  |
| JOB SITE INFORMATION AND LOCATION                        |   |
| Job Address: 16365 NW TWIN OAKS DR                       |   |
| City/State/ZIP: BEAVERTON, OR 97006                      |   |
| Suite/bldg./apt.no.:                                     |   |
| Project Name:  |   |
| Cross Street/directions to job site:                     |   |
| Tax map/parcel no.: 1N132BB00901                         |   |
| DESCRIPTION OF WORK                                      |   |
| ENTRY, OFFICES, BIG ROOM LIGHTS, RECEPT AND CEILING FANS |   |
| APPLICANT  |   |
| Name: LAWRENCE DICKINSON                                 |   |
| Phone: 5032463550  | Fax: 5032136049   |
| Email:   |   |
| CONTRACTOR   |   |
| Elec lic. no.: 26-140C                                   | CCB lic. no.: 65534   |
| Business Name: DICKINSONS ELECTRIC                       |   |
| Contact:   |   |
| Address: 4224 LAKEVIEW BLVD                              |   |
| City/State/ZIP: LAKE OSWEGO, OR 97035                    |   |
| Phone: 5032463550  | Fax: 5032136049   |
| Email: larry@dickinsonselectric.com                      |   |
| Metro lic. no.:  | City lic. no.:  |
| Supervising Electrician's lic. no.:                      |   |
| Supervising Electrician's Name:                          |   |
| Number of inspections included in paid services:         |   |
| Residential Service:                                     | 4   |
| Reconnect Only:  | 1   |
| All Other Services:                                      | 2   |

| PLAN REVIEW   |   |   |  |
|---|---|---|--|
| <b>Please check all that apply:</b>   |   | <input type="checkbox"/> Hazardous locations  |  |
| <input type="checkbox"/> A service or feeder beginning at 400 Amps where the available fault current exceeds 10,000 Amps at 150 Volts or less to ground exceeds 14,000 Amps for all other | <input type="checkbox"/> A service or feeder rated at 600 amps or more  | <input type="checkbox"/> Buildings more than three stor                             | <input type="checkbox"/> Marinas and boat yards                                |
| <input type="checkbox"/> Fire pumps   | <input type="checkbox"/> Emergency systems                              | <input type="checkbox"/> Floating buildings   | <input type="checkbox"/> Commercial-use agricultural buildings                 |
| <input type="checkbox"/> Addition of a new motor load of 100 HP or more   | <input type="checkbox"/> Six or more residential units in one structure | <input type="checkbox"/> Installation of a 150 KVA or larger separately derived sys | <input type="checkbox"/> "A", "E", or "I-2" or "I-3"                           |
| <input type="checkbox"/> Health care facilities   | <input type="checkbox"/> Health care facilities                         | <input type="checkbox"/> Recreational Vehicle Parks                                 | <input type="checkbox"/> Supply voltage for more than 600 supply volts nominal |
| FEE SCHEDULE  |   |   |  |
| Description   | Qty.  | Ea.   | Total  |
| <b>Branch circuits</b>  |   |   |  |
| Branch circuits without service or feeder   | 1   | \$81.14   | \$81.14  |
| Branch circuits each additional circuit without service   | 9   | \$4.26  | \$38.34  |
| <b>Electrical Permit Fees</b>   |   |   |  |
| Subtotal  |   |   | \$119.48   |
| State surcharge (12% of permit total)   |   |   | \$14.34  |
| <b>TOTAL PERMIT FEE</b>   |   |   | <b>\$133.82</b>  |

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Inspections Phone: 503-526-2400 Inspections Email: cunderwood@beavertonoregon.gov

**This Authorization To Begin Work must be posted at the job site until replaced by a Permit**



**City Of Beaverton**  
 12725 SW Millikan Way  
 Beaverton, OR 97076  
 Phone: 503-526-2542  
 Email: cunderwood@beavertonoregon.gov

**Residential Electrical Authorization To Begin Work**

**05350-BEL-20-00477**

Approval Code: 006776 7/6/2020 2:00 pm

E-mailed To: tyagulskiy@frontier.com

B2020 2342

| TYPE OF WORK   |  |
|--|--|
| <input type="checkbox"/> New Construction                  | <input checked="" type="checkbox"/> Addition/alteration/replacement  |
| CATEGORY OF CONSTRUCTION                                   |  |
| <input checked="" type="checkbox"/> 1 or 2 family dwelling | <input type="checkbox"/> Multi-family <input type="checkbox"/> Commercial <input type="checkbox"/> Accessory |
| JOB SITE INFORMATION AND LOCATION                          |  |
| Job Address: 12325 SW 7TH ST                               |  |
| City/State/ZIP: BEAVERTON, OR 97005                        |  |
| Suite/bldg./apt.no.:                                       |  |
| Project Name:  |  |
| Cross Street/directions to job site:                       |  |
| Tax map/parcel no.: 1S115CB05500                           |  |
| DESCRIPTION OF WORK  |  |
| electrical service upgrade new meter base and panel        |  |
| APPLICANT  |  |
| Name: PAVEL TYAGULSKIY                                     |  |
| Phone: 5036465029  | Fax:   |
| Email:   |  |
| CONTRACTOR   |  |
| Elec lic. no.: C1265                                       | CCB lic. no.: 214174   |
| Business Name: PGM HOME IMPROVEMENT                        |  |
| Contact:   |  |
| Address: 12315 SW 7TH ST                                   |  |
| City/State/ZIP: BEAVERTON, OR 97005                        |  |
| Phone: 9715704892  | Fax:   |
| Email: TYAGULSKIY@FRONTIER.COM                             |  |
| Metro lic. no.:  | City lic. no.:   |
| Supervising Electrician's lic. no.:                        |  |
| Supervising Electrician's Name:                            |  |
| Number of inspections included in paid services:           |  |
| Residential Service:                                       | 4  |
| Reconnect Only:  | 1  |
| All Other Services:  | 2  |

| PLAN REVIEW   |   |   |  |
|---|---|---|--|
| Please check all that apply:  |   | <input type="checkbox"/> Hazardous locations  |  |
| <input type="checkbox"/> A service or feeder beginning at 400 Amps where the available fault current exceeds 10,000 Amps at 150 Volts or less to ground exceeds 14,000 Amps for all other | <input type="checkbox"/> A service or feeder rated at 600 amps or more  | <input type="checkbox"/> Buildings more than three stor                             | <input type="checkbox"/> Marinas and boat yards                                |
| <input type="checkbox"/> Fire pumps   | <input type="checkbox"/> Emergency systems                              | <input type="checkbox"/> Floating buildings   | <input type="checkbox"/> Commercial-use agricultural buildings                 |
| <input type="checkbox"/> Addition of a new motor load of 100 HP or more   | <input type="checkbox"/> Six or more residential units in one structure | <input type="checkbox"/> Installation of a 150 KVA or larger separately derived sys | <input type="checkbox"/> "A", "E", or "I-2" or "I-3"                           |
| <input type="checkbox"/> Health care facilities   |   | <input type="checkbox"/> Recreational Vehicle Parks                                 | <input type="checkbox"/> Supply voltage for more than 600 supply volts nominal |
| FEE SCHEDULE  |   |   |  |
| Description   | Qty.  | Ea.   | Total  |
| <b>Services or feeders</b>  |   |   |  |
| Services 200 amps or less   | 1   | \$115.83  | \$115.83   |
| <b>Electrical Permit Fees</b>   |   |   |  |
| Subtotal  |   |   | \$115.83   |
| State surcharge (12% of permit total)   |   |   | \$13.90  |
| <b>TOTAL PERMIT FEE</b>   |   |   | <b>\$129.73</b>  |

Upon review and approval by your local jurisdiction, your permit will be e-mailed or faxed within one business day, with instructions on how to schedule your inspection.

NOTE: This Authorization To Begin Work expires within 180 days if a permit is not obtained.

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**This Authorization to Begin Work is not a permit, to schedule inspections you need a permit from City Of Beaverton**  
 Inspections Phone: 503-526-2400 Inspections Email: cunderwood@beavertonoregon.gov  
 This Authorization To Begin Work must be posted at the job site until replaced by a Permit



**City Of Beaverton**  
 12725 SW Milikan Way  
 Beaverton, OR 97076  
 Phone: 503-526-2542  
 Email: cunderwood@beavertonoregon.gov

**Residential Electrical Authorization To Begin Work**

**05350-BEL-20-00475**

Approval Code: 336784 7/6/2020 11:20 am

E-mailed To: hello@youngelectricco.com

B2020-2337

| TYPE OF WORK   |  |
|--|--|
| <input type="checkbox"/> New Construction  | <input checked="" type="checkbox"/> Addition/alteration/replacement  |
| CATEGORY OF CONSTRUCTION   |  |
| <input checked="" type="checkbox"/> 1 or 2 family dwelling   | <input type="checkbox"/> Multi-family <input type="checkbox"/> Commercial <input type="checkbox"/> Accessory |
| JOB SITE INFORMATION AND LOCATION  |  |
| Job Address: 5150 SW CHERRY AVE  |  |
| City/State/ZIP: BEAVERTON, OR 97005  |  |
| Suite/bldg./apt.no.:   |  |
| Project Name: Midas Touch  |  |
| Cross Street/directions to job site:   |  |
| Tax map/parcel no.: 1S114CA04100   |  |
| DESCRIPTION OF WORK  |  |
| Remove the old electrical panel. Install a new electrical panel and circuit breakers. Reconnect the existing wiring and provide an accurate description for each circuit. Establish a dedicated 20 amp 240 volt circuit within 30 feet of the electrical panel for the installation of a new exterior A/C unit |  |
| APPLICANT  |  |
| Name: Young Electric Office  |  |
| Phone: 9718885081  | Fax:   |
| Email:   |  |
| CONTRACTOR   |  |
| Elec lic. no.: C353  | CCB lic. no.: 178887   |
| Business Name: YOUNG ELECTRIC LLC  |  |
| Contact:   |  |
| Address: 9999 SW WILSHIRE ST STE 221   |  |
| City/State/ZIP: PORTLAND, OR 97225   |  |
| Phone: 9718885081  | Fax: 5036460960  |
| Email: office@youngelectricco.com  |  |
| Metro lic. no.:  | City lic. no.:   |
| Supervising Electrician's lic. no.:  |  |
| Supervising Electrician's Name:  |  |
| Number of inspections included in paid services:   |  |
| Residential Service:   | 4  |
| Reconnect Only:  | 1  |
| All Other Services:  | 2  |

| PLAN REVIEW   |   |   |  |
|---|---|---|--|
| <b>Please check all that apply:</b>   |   | <input type="checkbox"/> Hazardous locations  |  |
| <input type="checkbox"/> A service or feeder beginning at 400 Amps where the available fault current exceeds 10,000 Amps at 150 Volts or less to ground exceeds 14,000 Amps for all other | <input type="checkbox"/> A service or feeder rated at 600 amps or more  | <input type="checkbox"/> Buildings more than three stor                             | <input type="checkbox"/> Marinas and boat yards                                |
| <input type="checkbox"/> Fire pumps   | <input type="checkbox"/> Emergency systems                              | <input type="checkbox"/> Floating buildings   | <input type="checkbox"/> Commercial-use agricultural buildings                 |
| <input type="checkbox"/> Addition of a new motor load of 100 HP or more   | <input type="checkbox"/> Six or more residential units in one structure | <input type="checkbox"/> Installation of a 150 KVA or larger separately derived sys | <input type="checkbox"/> "A", "E", or "I-2" or "I-3"                           |
| <input type="checkbox"/> Health care facilities   |   | <input type="checkbox"/> Recreational Vehicle Parks                                 | <input type="checkbox"/> Supply voltage for more than 600 supply volts nominal |
| FEE SCHEDULE  |   |   |  |
| Description   | Qty.  | Ea.   | Total  |
| <b>Services or feeders</b>  |   |   |  |
| Services 200 amps or less   | 1   | \$115.83  | \$115.83   |
| <b>Branch circuits</b>  |   |   |  |
| Branch circuits with service or feeder each circuit   | 1   | \$4.26  | \$4.26   |
| Branch circuits without service or feeder   | 1   | \$81.14   | \$81.14  |
| <b>Electrical Permit Fees</b>   |   |   |  |
| Subtotal  |   |   | \$201.23   |
| State surcharge (12% of permit total)   |   |   | \$24.15  |
| <b>TOTAL PERMIT FEE</b>   |   |   | <b>\$225.38</b>  |

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 Inspections Phone: 503-526-2400 Inspections Email: cunderwood@beavertonoregon.gov  
 This Authorization To Begin Work must be posted at the job site until replaced by a Permit



**City Of Beaverton**  
 12725 SW Millikan Way  
 Beaverton, OR 97076  
 Phone: 503-526-2542  
 Email: cunderwood@beavertonoregon.gov

**Residential Electrical Authorization To Begin Work**

**05350-BEL-20-00476**

Approval Code: 316003 7/6/2020 11:30 am

E-mailed To: keith@boonesferryelectric.com

B2020-2339

| TYPE OF WORK   |  |
|--|--|
| <input type="checkbox"/> New Construction                          | <input checked="" type="checkbox"/> Addition/alteration/replacement  |
| CATEGORY OF CONSTRUCTION   |  |
| <input checked="" type="checkbox"/> 1 or 2 family dwelling         | <input type="checkbox"/> Multi-family <input type="checkbox"/> Commercial <input type="checkbox"/> Accessory |
| JOB SITE INFORMATION AND LOCATION                                  |  |
| Job Address: 6505 SW EVAN CT                                       |  |
| City/State/ZIP: BEAVERTON, OR 97223                                |  |
| Suite/bldg./apt.no.:   |  |
| Project Name: 333620   |  |
| Cross Street/directions to job site:                               |  |
| Tax map/parcel no.: 1S124AD07700                                   |  |
| DESCRIPTION OF WORK  |  |
| 333620 Crkt for dishwasher new lights in living Rm and dining area |  |
| APPLICANT  |  |
| Name: Keith Fleschner  |  |
| Phone: 5036824936  | Fax: 5036827946  |
| Email:   |  |
| CONTRACTOR   |  |
| Elec lic. no.: 3-223C  | CCB lic. no.: 88482  |
| Business Name: BOONES FERRY ELECTRIC INC                           |  |
| Contact:   |  |
| Address: PO BOX 628  |  |
| City/State/ZIP: WILSONVILLE, OR 97070                              |  |
| Phone: 5036824936  | Fax: 5036827946  |
| Email: angie@boonesferryelectric.com                               |  |
| Metro lic. no.:  | City lic. no.:   |
| Supervising Electrician's lic. no.:                                |  |
| Supervising Electrician's Name:                                    |  |
| Number of inspections included in paid services:                   |  |
| Residential Service:   | 4  |
| Reconnect Only:  | 1  |
| All Other Services:  | 2  |

| PLAN REVIEW   |   |
|---|---|
| Please check all that apply:  |   |
| <input type="checkbox"/> A service or feeder beginning at 400 Amps where the available fault current exceeds 10,000 Amps at 150 Volts or less to ground exceeds 14,000 Amps for all other | <input type="checkbox"/> Hazardous locations  |
| <input type="checkbox"/> Fire pumps   | <input type="checkbox"/> A service or feeder rated at 600 amps or more              |
| <input type="checkbox"/> Emergency systems  | <input type="checkbox"/> Buildings more than three stor                             |
| <input type="checkbox"/> Addition of a new motor load of 100 HP or more   | <input type="checkbox"/> Marinas and boat yards                                     |
| <input type="checkbox"/> Six or more residential units in one structure   | <input type="checkbox"/> Floating buildings   |
| <input type="checkbox"/> Health care facilities   | <input type="checkbox"/> Commercial-use agricultural buildings                      |
|   | <input type="checkbox"/> Installation of a 150 KVA or larger seperately derived sys |
|   | <input type="checkbox"/> "A", "E", or "I-2" or "I-3"                                |
|   | <input type="checkbox"/> Recreational Vehicle Parks                                 |
|   | <input type="checkbox"/> Supply voltage for more than 600 supply volts nominal      |

| FEE SCHEDULE  |      |         |                 |
|---|------|---------|-----------------|
| Description   | Qty. | Ea.     | Total           |
| <b>Branch circuits</b>                                  |      |         |                 |
| Branch circuits without service or feeder               | 1    | \$81.14 | \$81.14         |
| Branch circuits each additional circuit without service | 2    | \$4.26  | \$8.52          |
| <b>Electrical Permit Fees</b>                           |      |         |                 |
| Subtotal  |      |         | \$89.66         |
| State surcharge (12% of permit total)                   |      |         | \$10.76         |
| <b>TOTAL PERMIT FEE</b>                                 |      |         | <b>\$100.42</b> |

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 Inspections Phone: 503-526-2400 Inspections Email: cunderwood@beavertonoregon.gov  
 This Authorization To Begin Work must be posted at the job site until replaced by a Permit



**City Of Beaverton**  
 12725 SW Millikan Way  
 Beaverton, OR 97076  
 Phone: 503-526-2542  
 Email: cunderwood@beavertonoregon.gov

**Residential Electrical Authorization To Begin Work**

**05350-BEL-20-00472**

Approval Code: 030897 7/4/2020 9:07 am

E-mailed To: voltwalker@hotmail.com

B2020-2331

| TYPE OF WORK  |  |
|---|--|
| <input type="checkbox"/> New Construction   | <input checked="" type="checkbox"/> Addition/alteration/replacement  |
| CATEGORY OF CONSTRUCTION  |  |
| <input checked="" type="checkbox"/> 1 or 2 family dwelling                              | <input type="checkbox"/> Multi-family <input type="checkbox"/> Commercial <input type="checkbox"/> Accessory |
| JOB SITE INFORMATION AND LOCATION   |  |
| Job Address: 10130 SW CYNTHIA ST  |  |
| City/State/ZIP: BEAVERTON, OR 97008   |  |
| Suite/bldg./apt.no.:  |  |
| Project Name:   |  |
| Cross Street/directions to job site:  |  |
| Tax map/parcel no.: 1S123CB00202  |  |
| DESCRIPTION OF WORK   |  |
| Relocate electrical service to relocate power line for swim spa. New power to swim spa. |  |
| APPLICANT   |  |
| Name: Mr. Walker  |  |
| Phone: 503-747-8541   | Fax:   |
| Email:  |  |
| CONTRACTOR  |  |
| Elec lic. no.: C642   | CCB lic. no.: 191447   |
| Business Name: MALLORY LEIGH WALKER   |  |
| Contact:  |  |
| Address: 9835 SW SERENA WY  |  |
| City/State/ZIP: TIGARD, OR 97224  |  |
| Phone: 5037478541   | Fax:   |
| Email: voltwalker@hotmail.com   |  |
| Metro lic. no.:   | City lic. no.:   |
| Supervising Electrician's lic. no.:   |  |
| Supervising Electrician's Name:   |  |
| Number of inspections included in paid services:  |  |
| Residential Service:  | 4  |
| Reconnect Only:   | 1  |
| All Other Services:   | 2  |

| PLAN REVIEW   |   |   |  |
|---|---|---|--|
| Please check all that apply:  |   | <input type="checkbox"/> Hazardous locations  |  |
| <input type="checkbox"/> A service or feeder beginning at 400 Amps where the available fault current exceeds 10,000 Amps at 150 Volts or less to ground exceeds 14,000 Amps for all other | <input type="checkbox"/> A service or feeder rated at 600 amps or more  | <input type="checkbox"/> Buildings more than three stor                             | <input type="checkbox"/> Marinas and boat yards                                |
| <input type="checkbox"/> Fire pumps   | <input type="checkbox"/> Emergency systems                              | <input type="checkbox"/> Floating buildings   | <input type="checkbox"/> Commercial-use agricultural buildings                 |
| <input type="checkbox"/> Addition of a new motor load of 100 HP or more   | <input type="checkbox"/> Six or more residential units in one structure | <input type="checkbox"/> Installation of a 150 KVA or larger seperately derived sys | <input type="checkbox"/> "A", "E", or "I-2" or "I-3"                           |
| <input type="checkbox"/> Health care facilities   | <input type="checkbox"/> Health care facilities                         | <input type="checkbox"/> Recreational Vehicle Parks                                 | <input type="checkbox"/> Supply voltage for more than 600 supply volts nominal |
| FEE SCHEDULE  |   |   |  |
| Description   | Qty.  | Ea.   | Total  |
| Services or feeders   |   |   |  |
| Services 200 amps or less   | 1   | \$115.83  | \$115.83   |
| Branch circuits   |   |   |  |
| Branch circuits with service or feeder each circuit   | 3   | \$4.26  | \$12.78  |
| Electrical Permit Fees  |   |   |  |
| Subtotal  |   |   | \$128.61   |
| State surcharge (12% of permit total)   |   |   | \$15.43  |
| <b>TOTAL PERMIT FEE</b>   |   |   | <b>\$144.04</b>  |

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 Inspections Phone: 503-526-2400 Inspections Email: cunderwood@beavertonoregon.gov  
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**City Of Beaverton**  
 12725 SW Milikan Way  
 Beaverton, OR 97076  
 Phone: 503-526-2542  
 Email: cunderwood@beavertonoregon.gov

**Residential Electrical Authorization To Begin Work**

**05350-BEL-20-00473**

Approval Code: 022946 7/6/2020 7:20 am

E-mailed To: laurel.semprevivogonzalez@oeg.us.com

| TYPE OF WORK   |  |
|--|--|
| <input type="checkbox"/> New Construction                  | <input checked="" type="checkbox"/> Addition/alteration/replacement  |
| CATEGORY OF CONSTRUCTION                                   |  |
| <input checked="" type="checkbox"/> 1 or 2 family dwelling | <input type="checkbox"/> Multi-family <input type="checkbox"/> Commercial <input type="checkbox"/> Accessory |
| JOB SITE INFORMATION AND LOCATION                          |  |
| Job Address: 13930 SW 6TH ST                               |  |
| City/State/ZIP: BEAVERTON, OR 97005                        |  |
| Suite/bldg./apt.no.:                                       |  |
| Project Name: 709003-215 Meter                             |  |
| Cross Street/directions to job site:                       |  |
| Tax map/parcel no.: 1S116CA01800                           |  |
| DESCRIPTION OF WORK  |  |
| Meter replacement for PGE customer                         |  |
| APPLICANT  |  |
| Name: Stephen Wood   |  |
| Phone: 5033076534  | Fax:   |
| Email:   |  |
| CONTRACTOR   |  |
| Elec lic. no.: 26-95C                                      | CCB lic. no.: 203  |
| Business Name: OEG INC                                     |  |
| Contact:   |  |
| Address: 1709 SE 3RD AVE                                   |  |
| City/State/ZIP: PORTLAND, OR 97214                         |  |
| Phone: 5032349900  | Fax: 5032341001  |
| Email: webaccounting@oregon-electric.com                   |  |
| Metro lic. no.:  | City lic. no.:   |
| Supervising Electrician's lic. no.:                        |  |
| Supervising Electrician's Name:                            |  |
| Number of inspections included in paid services:           |  |
| Residential Service:                                       | 4  |
| Reconnect Only:  | 1  |
| All Other Services:  | 2  |

| PLAN REVIEW   |   |   |  |
|---|---|---|--|
| Please check all that apply:  |   | <input type="checkbox"/> Hazardous locations  |  |
| <input type="checkbox"/> A service or feeder beginning at 400 Amps where the available fault current exceeds 10,000 Amps at 150 Volts or less to ground exceeds 14,000 Amps for all other | <input type="checkbox"/> A service or feeder rated at 600 amps or more  | <input type="checkbox"/> Buildings more than three stor                             | <input type="checkbox"/> Marinas and boat yards                                |
| <input type="checkbox"/> Fire pumps   | <input type="checkbox"/> Emergency systems                              | <input type="checkbox"/> Floating buildings   | <input type="checkbox"/> Commercial-use agricultural buildings                 |
| <input type="checkbox"/> Addition of a new motor load of 100 HP or more   | <input type="checkbox"/> Six or more residential units in one structure | <input type="checkbox"/> Installation of a 150 KVA or larger separately derived sys | <input type="checkbox"/> "A", "E", or "I-2" or "I-3"                           |
| <input type="checkbox"/> Health care facilities   |   | <input type="checkbox"/> Recreational Vehicle Parks                                 | <input type="checkbox"/> Supply voltage for more than 600 supply volts nominal |
| FEE SCHEDULE  |   |   |  |
| Description   | Qty.  | Ea.   | Total  |
| <b>Services or feeders</b>  |   |   |  |
| Services 200 amps or less   | 1   | \$115.83  | \$115.83   |
| <b>Electrical Permit Fees</b>   |   |   |  |
| Subtotal  |   |   | \$115.83   |
| State surcharge (12% of permit total)   |   |   | \$13.90  |
| <b>TOTAL PERMIT FEE</b>   |   |   | <b>\$129.73</b>  |

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City Of Beaverton  
 12725 SW Milikan Way  
 Beaverton, OR 97076  
 Phone: 503-526-2542  
 Email: cunderwood@beavertonoregon.gov

**Commercial Electrical Authorization To Begin Work**

**05350-BEL-20-00474**

Approval Code: 042880 7/6/2020 8:44 am

E-mailed To: lmcumrphy@adt.com

B2020 2333

| TYPE OF WORK                                     |   |
|--|---|
| <input type="checkbox"/> New Construction        | <input checked="" type="checkbox"/> Addition/alteration/replacement |
| CATEGORY OF CONSTRUCTION                         |   |
| <input type="checkbox"/> 1 or 2 family dwelling  | <input type="checkbox"/> Multi-family                               |
| <input checked="" type="checkbox"/> Commercial   | <input type="checkbox"/> Accessory                                  |
| JOB SITE INFORMATION AND LOCATION                |   |
| Job Address: 9655 SW SUNSHINE CT                 |   |
| City/State/ZIP: BEAVERTON, OR 97005              |   |
| Suite/bldg./apt.no.: 500                         |   |
| Project Name: CV Mask LLC 403295515              |   |
| Cross Street/directions to job site:             |   |
| Tax map/parcel no.: 1S123BA01101                 |   |
| DESCRIPTION OF WORK                              |   |
| CCTV installation                                |   |
| APPLICANT  |   |
| Name: Lori McMurphy                              |   |
| Phone: 503-469-7241                              | Fax: 503-469-7110   |
| Email:   |   |
| CONTRACTOR                                       |   |
| Elec lic. no.: CLE317                            | CCB lic. no.: 196560  |
| Business Name: ADT LLC                           |   |
| Contact:   |   |
| Address: PO BOX 310702                           |   |
| City/State/ZIP: BOCA RATON, FL 33431             |   |
| Phone: 5034697241                                | Fax: 5034697110   |
| Email: srburdick@adt.com                         |   |
| Metro lic. no.:                                  | City lic. no.:  |
| Supervising Electrician's lic. no.:              |   |
| Supervising Electrician's Name:                  |   |
| Number of inspections included in paid services: |   |
| Residential Service:                             | 4   |
| Reconnect Only:                                  | 1   |
| All Other Services:                              | 2   |

| PLAN REVIEW   |   |  |   |
|---|---|--|---|
| Please check all that apply:  |   |  |   |
| <input type="checkbox"/> A service or feeder beginning at 400 Amps where the available fault current exceeds 10,000 Amps at 150 Volts or less to ground exceeds 14,000 Amps for all other | <input type="checkbox"/> Hazardous locations  | <input type="checkbox"/> A service or feeder rated at 600 amps or more | <input type="checkbox"/> Buildings more than three stor |
| <input type="checkbox"/> Fire pumps   | <input type="checkbox"/> Commercial-use agricultural buildings                      | <input type="checkbox"/> Marinas and boat yards                        | <input type="checkbox"/> Floating buildings             |
| <input type="checkbox"/> Emergency systems  | <input type="checkbox"/> Installation of a 150 KVA or larger seperately derived sys | <input type="checkbox"/> "A", "E", or "I-2" or "I-3"                   | <input type="checkbox"/> Recreational Vehicle Parks     |
| <input type="checkbox"/> Addition of a new motor load of 100 HP or more   | <input type="checkbox"/> Supply voltage for more than 600 supply volts nominal      |  |   |
| <input type="checkbox"/> Six or more residential units in one structure   |   |  |   |
| <input type="checkbox"/> Health care facilities   |   |  |   |
| FEE SCHEDULE  |   |  |   |
| Description   | Qty.  | Ea.  | Total   |
| <b>Miscellaneous</b>  |   |  |   |
| Signal circuit(s) or limited-energy panel, alteration, or extension   | 1   | \$91.72  | \$91.72   |
| <b>Electrical Permit Fees</b>   |   |  |   |
| Subtotal  |   |  | \$91.72   |
| State surcharge (12% of permit total)   |   |  | \$11.01   |
| <b>TOTAL PERMIT FEE</b>   |   |  | <b>\$102.73</b>   |

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**Inspections Phone: 503-526-2400 Inspections Email: cunderwood@beavertonoregon.gov**  
**This Authorization To Begin Work must be posted at the job site until replaced by a Permit**



**City Of Beaverton**  
 12725 SW Milikan Way  
 Beaverton, OR 97076  
 Phone: 503-526-2542  
 Email: cunderwood@beavertonoregon.gov

**Commercial Electrical Authorization To Begin Work**

**05350-BEL-20-00479**

Approval Code: 018090 7/7/2020 1:39 pm

E-mailed To: BAYCOM4017@AOL.COM

B2020-2351

| TYPE OF WORK   |   |
|--|---|
| <input type="checkbox"/> New Construction                    | <input checked="" type="checkbox"/> Addition/alteration/replacement |
| CATEGORY OF CONSTRUCTION                                     |   |
| <input type="checkbox"/> 1 or 2 family dwelling              | <input type="checkbox"/> Multi-family                               |
| <input checked="" type="checkbox"/> Commercial               | <input type="checkbox"/> Accessory                                  |
| JOB SITE INFORMATION AND LOCATION                            |   |
| Job Address: 15985 NW SCENDEL AVE                            |   |
| City/State/ZIP: BEAVERTON, OR 97006                          |   |
| Suite/bldg./apt.no.: 100                                     |   |
| Project Name: Allegro  |   |
| Cross Street/directions to job site:                         |   |
| Tax map/parcel no.: 1N132CC05300                             |   |
| DESCRIPTION OF WORK  |   |
| Install new communication cable in second floor office space |   |
| APPLICANT  |   |
| Name: dennis bryant  |   |
| Phone: 5037615156  | Fax: 5037607339   |
| Email:   |   |
| CONTRACTOR   |   |
| Elec lic. no.: 26-1165CLE                                    | CCB lic. no.: 124443  |
| Business Name: DENNIS J BRYANT                               |   |
| Contact:   |   |
| Address: 14244 SE BUSH                                       |   |
| City/State/ZIP: PORTLAND, OR 97236                           |   |
| Phone: 5037615156  | Fax: 5037607339   |
| Email: BAYCOM4017@AOL.COM                                    |   |
| Metro lic. no.:  | City lic. no.:  |
| Supervising Electrician's lic. no.:                          |   |
| Supervising Electrician's Name:                              |   |
| Number of inspections included in paid services:             |   |
| Residential Service:   | 4   |
| Reconnect Only:  | 1   |
| All Other Services:  | 2   |

| PLAN REVIEW   |  |   |   |
|---|--|---|---|
| Please check all that apply:  |  |   |   |
| <input type="checkbox"/> A service or feeder beginning at 400 Amps where the available fault current exceeds 10,000 Amps at 150 Volts or less to ground exceeds 14,000 Amps for all other | <input type="checkbox"/> Hazardous locations                                   | <input type="checkbox"/> A service or feeder rated at 600 amps or more              | <input type="checkbox"/> Buildings more than three stor |
| <input type="checkbox"/> Fire pumps   | <input type="checkbox"/> Commercial-use agricultural buildings                 | <input type="checkbox"/> Installation of a 150 KVA or larger separately derived sys | <input type="checkbox"/> "A", "E", or "I-2" or "I-3"    |
| <input type="checkbox"/> Emergency systems  | <input type="checkbox"/> Floating buildings                                    | <input type="checkbox"/> "A", "E", or "I-2" or "I-3"                                | <input type="checkbox"/> Recreational Vehicle Parks     |
| <input type="checkbox"/> Addition of a new motor load of 100 HP or more   | <input type="checkbox"/> Supply voltage for more than 600 supply volts nominal |   |   |
| <input type="checkbox"/> Six or more residential units in one structure   |  |   |   |
| <input type="checkbox"/> Health care facilities   |  |   |   |
| FEE SCHEDULE  |  |   |   |
| Description   | Qty.   | Ea.   | Total   |
| <b>Miscellaneous</b>  |  |   |   |
| Signal circuit(s) or limited-energy panel, alteration, or extension   | 1  | \$91.72   | \$91.72   |
| <b>Electrical Permit Fees</b>   |  |   |   |
| Subtotal  |  |   | \$91.72   |
| State surcharge (12% of permit total)   |  |   | \$11.01   |
| <b>TOTAL PERMIT FEE</b>   |  |   | <b>\$102.73</b>   |

Upon review and approval by your local jurisdiction, your permit will be e-mailed or faxed within one business day, with instructions on how to schedule your inspection.

NOTE: This Authorization To Begin Work expires within 180 days if a permit is not obtained.

The local building department may determine that an Authorization To Begin Work is null and void if it does not meet applicable land use laws and local ordinances.

**This Authorization to Begin Work is not a permit, to schedule inspections you need a permit from City Of Beaverton**  
 Inspections Phone: 503-526-2400 Inspections Email: cunderwood@beavertonoregon.gov  
 This Authorization To Begin Work must be posted at the job site until replaced by a Permit

CONTRACTOR TBD



**Electrical Permit Application**

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

B 2020-0366

| OFFICE USE ONLY                        |                        |
|--|------------------------|
| Date Received: 1/29/2020               | Permit No.: BZ020-0366 |
| Date Issued: 7/7/2020                  |                        |
| CITY OF BEAVERTON<br>BUILDING DIVISION |                        |
| Payment Type:                          |                        |

| TYPE OF WORK  |   |
|---|---|
| <input type="checkbox"/> New construction   | <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"/> Multi-family   | <input type="checkbox"/> Master builder                             |
| <input type="checkbox"/> Accessory building   |   |
| <input type="checkbox"/> Other:   |   |
| JOB SITE INFORMATION AND LOCATION   |   |
| Job no.: 740360   | Job address: 9625 SW 125th Ave.                                     |
| City/State/ZIP: Beaverton, OR 97008   |   |
| Suite/bldg./apt. no.:   | Project name: Southridge High School                                |
| Cross street/directions to job site: SW Longhorn Lane, project is in auditorium   |   |
| Subdivision:  | Lot no.:  |
| Tax map/parcel no.: 1S128DD00300  |   |
| DESCRIPTION OF WORK   |   |
| Replace existing work light fixtures (above stage) & steplight fixtures (auditorium), and verify condition of electrical raceway (above stage). |   |
| <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  |   |
| Owner installation: This installation is being made on property that I own, which is not intended for sale, lease, rent, or exchange.           |   |
| Owner signature: _____ Date: _____  |   |
| <input type="checkbox"/> APPLICANT  | <input checked="" type="checkbox"/> CONTACT PERSON                  |
| Business name: Opsi 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: to be determined Mill Plain Electric, Inc.   |   |
| Address: 6000 ne 88th st. #B-105  |   |
| City/State/ZIP: Vancouver, WA 98605   |   |
| Phone: 360.574.7205   | Fax 360.574.0956  |
| E-mail: ldrin@mr-electric.com   | CB lic. no.: 03021  |
| Electrical lic. no.: 59915  | City or metro lic.:   |
| Supervising electrician signature, required: <i>[Signature]</i>   |   |
| Print name: SCOTT KANGAS  | Date: 3/23/20   |
| Authorized signature: <i>[Signature]</i>  |   |
| Print name: TAYLOR ASCH   | Date: 3/23/20   |

| PLAN REVIEW  |  |  |   |  |
|--|--|--|---|--|
| Please check all that apply:   |  |  |   |  |
| <input type="checkbox"/> Service or feeder 100amps or more                       | <input type="checkbox"/> Service or feeder over 600 amps             | <input type="checkbox"/> Building over three stories                                 | <input type="checkbox"/> Floating buildings               | <input type="checkbox"/> Commercial-use agricultural buildings |
| <input type="checkbox"/> Fire pump   | <input type="checkbox"/> Addition of new motor load of 100HP or more | <input type="checkbox"/> Installation of 150 KVA or larger separately derived system | <input type="checkbox"/> "A," "E," "1-2," "1-3" occupancy | <input type="checkbox"/> Recreational vehicle parks            |
| <input type="checkbox"/> Emergency system  | <input type="checkbox"/> Six or more residential units               | <input type="checkbox"/> Health-care facilities                                      | <input type="checkbox"/> Hazardous locations              |  |
| FEE SCHEDULE   |  |  |   |  |
| Description  | Qty.   | Fee  | Total   | *  |
| <b>Residential single- or multi-family dwelling unit</b>                         |  |  |   |  |
| <b>Includes attached garage</b>  |  |  |   |  |
| 1,000 sq. ft. or less  |  | 194.64   |   | 4  |
| Ea. add'l 500 sq. ft. or portion   |  | 34.77  |   |  |
| Limited energy, residential (with above sq. ft.)                                 |  | 46.42  |   | 2  |
| Limited energy, multi-family residential (with above sq. ft.)                    |  | 91.72  |   | 2  |
| <b>Services or feeders installation, alteration, and/or relocation</b>           |  |  |   |  |
| 200 amps or less   |  | 115.83   |   | 2  |
| 201 amps to 400 amps   |  | 137.89   |   | 2  |
| 401 amps to 600 amps   |  | 229.34   |   | 2  |
| 601 amps to 1,000 amps   |  | 299.93   |   | 2  |
| Over 1,000 amps or volts   |  | 690.22   |   | 2  |
| Utility reconnect  |  | 91.72  |   | 1  |
| <b>Temporary services or feeders installation, alteration, and/or relocation</b> |  |  |   |  |
| 200 amps or less   |  | 91.72  |   | 2  |
| 201 amps to 400 amps   |  | 127.41   |   | 2  |
| 401 amps to 600 amps   |  | 184.11   |   | 2  |
| 601 amps to 1,000 amps   |  | 225.29   |   | 2  |
| <b>Branch circuits - new, alteration, or extension, per panel</b>                |  |  |   |  |
| A. Fee for branch circuits with above service or feeder fee, each branch circuit |  | 4.26   |   | 2  |
| B. Fee for branch circuits without service or feeder fee, first branch circuit   | 1  | 81.14  | 81.14   | 2  |
| Each add'l branch circuit  | 7  | 4.26   | 29.82   |  |
| <b>Miscellaneous (service or feeder not included)</b>                            |  |  |   |  |
| Each manufactured or modular dwelling, service, and/or feeder                    |  | 91.72  |   | 2  |
| Pump or irrigation circle  |  | 91.72  |   | 2  |
| Sign or outline lighting   |  | 91.72  |   | 2  |
| Signal circuit(s) or limited-energy panel, alteration, or extension. Describe:   |  | 91.72  |   | 2  |
| <b>Each additional inspection over allowable in any of the above</b>             |  |  |   |  |
| Per inspection   |  | 81.14  |   |  |
| Investigation fee  |  |  |   |  |
| Other:   |  |  |   |  |
| Electrical permit fees   |  |  |   |  |
| <b>SUBTOTAL</b>  |  |  | <b>110.96</b>   |  |
| Plan review (25% of permit fee)  |  |  | <b>27.74</b>  |  |
| State surcharge (12% of permit fee)  |  |  | <b>13.32</b>  |  |
| <b>TOTAL PERMIT FEE</b>  |  |  | <b>152.02</b>   |  |

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete  
 \* Number of inspections allowed per permit.  
 Form B70-1002 REV 10/17



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

| OFFICE USE ONLY          |                        |
|--------------------------|------------------------|
| Date Received: 4/20/2020 | Permit No.: B2020-1393 |
| Date Issued: 7/16/2020   | <i>[Signature]</i>     |
| Payment Type:            |                        |

| TYPE OF WORK  |   |
|---|---|
| <input checked="" type="checkbox"/> New construction  | <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"/> Multi-family   | <input type="checkbox"/> Accessory building               |
| <input type="checkbox"/> Master builder <input type="checkbox"/> Other:   |   |
| JOB SITE INFORMATION AND LOCATION   |   |
| Job no.:  | Job address: 9375 SW Beaverton Hillsdale Hwy              |
| City/State/ZIP: Beaverton, OR 97005   |   |
| Suite/bldg./apt. no.:   | Project name: Chipotle TI                                 |
| Cross street/directions to job site: NE of Beaverton Hillsdale Hwy & Jamieson Rd.   |   |
| Subdivision:  | Lot no.:  |
| Tax map/parcel no.: 9500  |   |
| DESCRIPTION OF WORK   |   |
| ELECTRICAL 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: 32 % 2 ;   |   |
| City/State/ZIP:   |   |
| Phone:  | Fax:  |
| E-mail: 6 & 277 % 52 : 1 # & + , 3 2 7 / ( & 2 0  |   |
| Owner Installation: This installation is being made on property that I own, which is not intended for sale, lease, rent, or exchange. |   |
| Owner signature:  | Date:   |
| <input checked="" type="checkbox"/> APPLICANT   | <input checked="" 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 - Green Rivers Electric inc.   |   |
| Address: PO Box 1325  |   |
| City/State/ZIP: Jefferson, OR 97352   |   |
| Phone: 541-327-2042   | Fax:  |
| E-mail: lance.weight@greenriverselectric.com  | OCB No. no.: 189511                                       |
| Electrical lic. no.: C581   | City or metro lic.:                                       |
| Supervising electrician signature, required: <i>[Signature]</i>   |   |
| Print name: Richard L Weight  | Date: 7/7/20  |
| Authorized signature: <i>[Signature]</i>  |   |
| Print name: BENJAMIN FIEDLER  | Date: 17 APR 20   |

| PLAN REVIEW  |  |  |          |   |
|--|--|--|----------|---|
| Please check all that apply:   |  | <input type="checkbox"/> Service or feeder over 600 amps             |          |   |
| <input checked="" type="checkbox"/> Service or feeder 400amps or more            | <input type="checkbox"/> Building over three stories                                 | <input type="checkbox"/> Marinas and boatyards                       |          |   |
| <input type="checkbox"/> Fire pump   | <input type="checkbox"/> Floating buildings  | <input type="checkbox"/> Commercial-use agricultural buildings       |          |   |
| <input type="checkbox"/> Emergency system  | <input type="checkbox"/> Installation of 150 KVA or larger separately derived system | <input checked="" type="checkbox"/> "A," "E," "1-2," "1-3" occupancy |          |   |
| <input type="checkbox"/> Addition of new motor load of 100HP or more             | <input type="checkbox"/> Hazardous locations   | <input type="checkbox"/> Recreational vehicle parks                  |          |   |
| <input type="checkbox"/> Six or more residential units                           |  |  |          |   |
| <input type="checkbox"/> Health-care facilities                                  |  |  |          |   |
| <input type="checkbox"/> Hazardous locations                                     |  |  |          |   |
| FEE SCHEDULE   |  |  |          |   |
| Description  | Qty.   | Fee  | Total    | * |
| Residential single- or multi-family dwelling unit includes attached garage       |  |  |          |   |
| 1,000 sq. ft. or less  |  | 194.64   |          | 4 |
| Ea. add'l 500 sq. ft. or portion   |  | 34.77  |          |   |
| Limited energy, residential (with above sq. ft.)                                 |  | 46.42  |          | 2 |
| Limited energy, multi-family residential (with above sq. ft.)                    |  | 91.72  |          | 2 |
| Services or feeders installation, alteration, and/or relocation                  |  |  |          |   |
| 200 amps or less   | 1  | 115.83   | 115.83   | 2 |
| 201 amps to 400 amps   |  | 137.89   |          | 2 |
| 401 amps to 600 amps   |  | 229.34   |          | 2 |
| 601 amps to 1,000 amps   |  | 299.93   |          | 2 |
| Over 1,000 amps or volts   |  | 690.22   |          | 2 |
| Utility reconnect  |  | 91.72  |          | 1 |
| Temporary services or feeders installation, alteration, and/or relocation        |  |  |          |   |
| 200 amps or less   |  | 91.72  |          | 2 |
| 201 amps to 400 amps   |  | 127.41   |          | 2 |
| 401 amps to 600 amps   |  | 184.11   |          | 2 |
| 601 amps to 1,000 amps   |  | 225.29   |          | 2 |
| Branch circuits - new, alteration, or extension, per panel                       |  |  |          |   |
| A. Fee for branch circuits with above service or feeder fee, each branch circuit | 65   | 4.26   | 276.90   | 2 |
| B. Fee for branch circuits without service or feeder fee, first branch circuit   |  | 81.14  |          | 2 |
| Each add'l branch circuit  |  | 4.26   |          |   |
| Miscellaneous (service or feeder not included)                                   |  |  |          |   |
| Each manufactured or modular dwelling, service, and/or feeder                    |  | 91.72  |          | 2 |
| Pump or irrigation circle  |  | 91.72  |          | 2 |
| Sign or outline lighting   |  | 91.72  |          | 2 |
| Signal circuit(s) or limited-energy panel, alteration, or extension. Describe:   | 1  | 91.72  | 91.72    | 2 |
| Each additional inspection over allowable in any of the above                    |  |  |          |   |
| Per inspection   |  | 81.14  |          |   |
| Investigation fee  |  |  |          |   |
| Other:   |  |  |          |   |
| Electrical permit fees   |  |  |          |   |
| SUBTOTAL   |  |  | 484.45   |   |
| Plan review (25% of permit fee)  |  |  | 121.11   |   |
| State surcharge (12% of permit fee)  |  |  | 58.13    |   |
| TOTAL PERMIT FEE   |  |  | \$640.77 |   |

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete.  
 \* Number of inspections allowed per permit.  
 Form 676-1002 REV 10/17



### Electrical Permit Application

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:          | Permit No.: 52020-2330 |
| Date Issued: 01/27/2020 |                        |
| Payment Type:           |                        |

| TYPE OF WORK  |   |
|---|---|
| <input checked="" type="checkbox"/> New construction  | <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"/> Multi-family   | <input type="checkbox"/> Accessory building               |
| <input type="checkbox"/> Master builder   |   |
| <input type="checkbox"/> Other:   |   |
| JOB SITE INFORMATION AND LOCATION   |   |
| Job no.:  | Job address: 11350 SW Canyon Rd                           |
| City/State/ZIP: Beaverton OR 97005  |   |
| Suite/bldg./apt. no.: 202   | Project name: Cyti Physical Therapy                       |
| Cross street/directions to job site:  |   |
| Subdivision:  | Lot no.:  |
| Tax map/parcel no.: 15 115 A B D 15700  |   |
| DESCRIPTION OF WORK   |   |
| Hook up new sign to existing designated sign circuit  |   |
| <input checked="" type="checkbox"/> PROPERTY OWNER  | <input type="checkbox"/> TENANT                           |
| Name: Elliott Investments LLC   |   |
| Address: 2323 NW 23rd Ave, Ste 100  |   |
| City/State/ZIP: Portland OR 97210   |   |
| Phone:  | Fax:  |
| E-mail: info@signcraftpdx.com   |   |
| Owner Installation: This installation is being made on property that I own, which is not intended for sale, lease, rent, or exchange. |   |
| Owner signature: _____ Date: _____  |   |
| <input checked="" type="checkbox"/> APPLICANT   | <input type="checkbox"/> CONTACT PERSON                   |
| Business name: SignCraft Signs, LLC   |   |
| Contact name: John, Tim or Debi   |   |
| Address: PO Box 23636   |   |
| City/State/ZIP: Tigard OR 97281   |   |
| Phone: (503) 639-4910   | Fax: (503) 620-9568                                       |
| E-mail: info@signcraftpdx.com   |   |
| CONTRACTOR  |   |
| Business name: SignCraft Signs, LLC   |   |
| Address: PO Box 23636   |   |
| City/State/ZIP: Tigard OR 97281   |   |
| Phone: (503) 639-4910   | Fax: (503) 620-9568                                       |
| E-mail: info@signcraftpdx.com   |   |
| Electrical lic. no.: 724SIG   | City or metro lic.: 7991                                  |
| Supervising electrician signature, required: <i>Keith Cox</i>   |   |
| Print name: Keith Cox   | Date: 6/26/20   |
| Authorized signature: <i>John Scott</i>   |   |
| Print name: John Scott  | Date: 6/26/20   |

| PLAN REVIEW  |  |  |        |   |
|--|--|--|--------|---|
| Please check all that apply:   |  | <input type="checkbox"/> Service or feeder over 600 amps       |        |   |
| <input type="checkbox"/> Service or feeder 400amps or more                       | <input type="checkbox"/> Building over three stories                                 | <input type="checkbox"/> Marinas and boatyards                 |        |   |
| <input type="checkbox"/> Fire pump   | <input type="checkbox"/> Floating buildings  | <input type="checkbox"/> Commercial-use agricultural buildings |        |   |
| <input type="checkbox"/> Emergency system  | <input type="checkbox"/> Installation of 150 KVA or larger separately derived system | <input type="checkbox"/> "A," "E," "I-2," "I-3" occupancy      |        |   |
| <input type="checkbox"/> Addition of new motor load of 100HP or more             | <input type="checkbox"/> Recreational vehicle parks                                  |  |        |   |
| <input type="checkbox"/> Six or more residential units                           |  |  |        |   |
| <input type="checkbox"/> Health-care facilities                                  |  |  |        |   |
| <input type="checkbox"/> Hazardous locations                                     |  |  |        |   |
| FEE SCHEDULE   |  |  |        |   |
| Description  | Qty.   | Fee  | Total  | * |
| Residential single- or multi-family dwelling unit Includes attached garage       |  |  |        |   |
| 1,000 sq. ft. or less  |  | 168.52   |        | 4 |
| Ea. add'l 500 sq. ft. or portion   |  | 30.10  |        |   |
| Limited energy, residential (with above sq. ft.)                                 |  | 40.19  |        | 2 |
| Limited energy, multi-family residential (with above sq. ft.)                    |  | 79.41  |        | 2 |
| Services or feeders installation, alteration, and/or relocation                  |  |  |        |   |
| 200 amps or less   |  | 100.28   |        | 2 |
| 201 amps to 400 amps   |  | 119.38   |        | 2 |
| 401 amps to 600 amps   |  | 198.56   |        | 2 |
| 601 amps to 1,000 amps   |  | 259.68   |        | 2 |
| Over 1,000 amps or volts   |  | 597.59   |        | 2 |
| Utility reconnect  |  | 79.41  |        | 1 |
| Temporary services or feeders installation, alteration, and/or relocation        |  |  |        |   |
| 200 amps or less   |  | 79.41  |        | 2 |
| 201 amps to 400 amps   |  | 110.31   |        | 2 |
| 401 amps to 600 amps   |  | 159.40   |        | 2 |
| 601 amps to 1,000 amps   |  | 195.05   |        | 2 |
| Branch circuits -- new, alteration, or extension, per panel                      |  |  |        |   |
| A. Fee for branch circuits with above service or feeder fee, each branch circuit |  | 3.69   |        | 2 |
| B. Fee for branch circuits without service or feeder fee, first branch circuit   |  | 70.25  |        | 2 |
| Each add'l branch circuit  |  | 3.69   |        |   |
| Miscellaneous (service or feeder not included)                                   |  |  |        |   |
| Each manufactured or modular dwelling, service, and/or feeder                    |  | 79.41  |        | 2 |
| Pump or irrigation circle  |  | 79.41  |        | 2 |
| Sign or outline lighting   | 1  | 91.72  | 91.72  | 2 |
| Signal circuit(s) or limited-energy panel, alteration, or extension. Describe:   |  | 79.41  |        | 2 |
| Each additional inspection over allowable in any of the above                    |  |  |        |   |
| Per inspection   |  | 70.25  |        |   |
| Investigation fee  |  |  |        |   |
| Other:   |  |  |        |   |
| Electrical permit fees   |  |  |        |   |
| SUBTOTAL   |  |  | 91.72  |   |
| Plan review (25% of permit fee)  |  |  |        |   |
| State surcharge (12% of permit fee)  |  |  | 11.01  |   |
| TOTAL PERMIT FEE   |  |  | 102.73 |   |

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete  
 \* Number of inspections allowed per permit.  
 Form B70-1002 REV 10/15



**City Of Beaverton**  
 12725 SW Milikan Way  
 Beaverton, OR 97076  
 Phone: 503-526-2542  
 Email: cunderwood@beavertonoregon.gov

**Commercial Electrical Authorization To Begin Work**

**05350-BEL-20-00469**

Approval Code: 00720G 7/2/2020 11:01 am

E-mailed To: info@tritonnw.com

B2020-2315

| TYPE OF WORK                                     |   |
|--|---|
| <input type="checkbox"/> New Construction        | <input checked="" type="checkbox"/> Addition/alteration/replacement   |
| CATEGORY OF CONSTRUCTION                         |   |
| <input type="checkbox"/> 1 or 2 family dwelling  | <input type="checkbox"/> Multi-family <input checked="" type="checkbox"/> Commercial <input type="checkbox"/> Accessory |
| JOB SITE INFORMATION AND LOCATION                |   |
| Job Address: 9400 SW BEAVERTON HILLSDALE HWY     |   |
| City/State/ZIP: BEAVERTON, OR 97005              |   |
| Suite/bldg./apt.no.: 165                         |   |
| Project Name: 6482                               |   |
| Cross Street/directions to job site:             |   |
| Tax map/parcel no.: 1S114AC00200                 |   |
| DESCRIPTION OF WORK                              |   |
| Add 24 data cables in suite 165                  |   |
| APPLICANT  |   |
| Name: Aaron Van Fleet                            |   |
| Phone: 5036155800                                | Fax: 5036285689   |
| Email:   |   |
| CONTRACTOR                                       |   |
| Elec lic. no.: 34-648CLE                         | CCB lic. no.: 154665  |
| Business Name: TRITON COMMUNICATIONS LLC         |   |
| Contact:   |   |
| Address: PO BOX 1091                             |   |
| City/State/ZIP: HILLSBORO, OR 97123              |   |
| Phone: 5036155800                                | Fax: 5036285689   |
| Email: info@tritonnw.com                         |   |
| Metro lic. no.:                                  | City lic. no.:  |
| Supervising Electrician's lic. no.:              |   |
| Supervising Electrician's Name:                  |   |
| Number of Inspections included in paid services: |   |
| Residential Service:                             | 4   |
| Reconnect Only:                                  | 1   |
| All Other Services:                              | 2   |

| PLAN REVIEW   |   |   |  |
|---|---|---|--|
| <b>Please check all that apply:</b>   |   | <input type="checkbox"/> Hazardous locations  |  |
| <input type="checkbox"/> A service or feeder beginning at 400 Amps where the available fault current exceeds 10,000 Amps at 150 Volts or less to ground exceeds 14,000 Amps for all other | <input type="checkbox"/> A service or feeder rated at 600 amps or more  | <input type="checkbox"/> Buildings more than three stor                             | <input type="checkbox"/> Marinas and boat yards                                |
| <input type="checkbox"/> Fire pumps   | <input type="checkbox"/> Emergency systems                              | <input type="checkbox"/> Floating buildings   | <input type="checkbox"/> Commercial-use agricultural buildings                 |
| <input type="checkbox"/> Addition of a new motor load of 100 HP or more   | <input type="checkbox"/> Six or more residential units in one structure | <input type="checkbox"/> Installation of a 150 KVA or larger separately derived sys | <input type="checkbox"/> "A", "E", or "I-2" or "I-3"                           |
| <input type="checkbox"/> Health care facilities   |   | <input type="checkbox"/> Recreational Vehicle Parks                                 | <input type="checkbox"/> Supply voltage for more than 600 supply volts nominal |
| FEE SCHEDULE  |   |   |  |
| Description   | Qty.  | Ea.   | Total  |
| <b>Miscellaneous</b>  |   |   |  |
| Signal circuit(s) or limited-energy panel, alteration, or extension   | 1   | \$91.72   | \$91.72  |
| <b>Electrical Permit Fees</b>   |   |   |  |
| Subtotal  |   |   | \$91.72  |
| State surcharge (12% of permit total)   |   |   | \$11.01  |
| <b>TOTAL PERMIT FEE</b>   |   |   | <b>\$102.73</b>  |

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 Inspections Phone: 503-526-2400 Inspections Email: cunderwood@beavertonoregon.gov  
 This Authorization To Begin Work must be posted at the job site until replaced by a Permit



# Electrical Permit Application

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: 6-16-20 Permit No: B 2020-2053  
 Date Issued: 7-2-20 By: JUK  
 Payment Type: Visc

### TYPE OF WORK

- New construction  
 Addition/alteration/replacement  
 Other:

### CATEGORY OF CONSTRUCTION

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

### JOB SITE INFORMATION AND LOCATION

Job no.: 720334 Job address: 17885 NW Evergreen Pkwy

City/State/ZIP: Beaverton / OR / 97006

Suite/bldg./apt. no.: \_\_\_\_\_ Project name: NW Permanente

Cross street/directions to job site: Cornell Rd.

Subdivision: \_\_\_\_\_ Lot no.: \_\_\_\_\_

Tax map/parcel no.: \_\_\_\_\_

### DESCRIPTION OF WORK

Health clinic TI

- PROPERTY OWNER  TENANT

Name: NW Permanente

Address: \_\_\_\_\_

City/State/ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

Owner installation: This installation is being made on property that I own, which is not intended for sale, lease, rent, or exchange.

Owner signature: \_\_\_\_\_ Date: \_\_\_\_\_

- APPLICANT  CONTACT PERSON

Business name: Mill Plain Electric, Inc.

Contact name: LORI HULL

Address: 6000 NE 88th St. #B-105

City/State/ZIP: Vancouver / WA / 98665

Phone: 360.574.7265 Fax: 360.574.0956

E-mail: lorih@mp-electric.com

### CONTRACTOR

Business name: Mill Plain Electric Inc

Address: 6000 NE 88th St. #B-105

City/State/ZIP: Vancouver, WA 98665

Phone: 360.574.7265 Fax: 360.574.0956

E-mail: lorih@mp-electric.com CB lic. no.: 63021

Electrical lic. no.: 59915 City of Beaverton lic. no.: 37-100C

Supervising electrician signature, required:

Print name: Scott Kangas Date: 5/15/20

Authorized signature: \_\_\_\_\_

Print name: Taylor Asch Date: 5/15/20

### PLAN REVIEW

- Please check all that apply:
- Service or feeder 400amps or more
  - Fire pump
  - Emergency system
  - Addition of new motor load of 100HP or more
  - Six or more residential units
  - Health-care facilities
  - Hazardous locations
  - Service or feeder over 600 amps
  - Building over three stories
  - Marinas and boatyards
  - Floating buildings
  - Commercial-use agricultural buildings
  - Installation of 150 KVA or larger separately derived system
  - "A," "E," "1-2," "1-3" occupancy
  - Recreational vehicle parks

### FEE SCHEDULE

| Description  | Qty. | Fee    | Total  | * |
|--|------|--------|--------|---|
| <b>Residential single- or multi-family dwelling unit</b><br>Includes attached garage |      |        |        |   |
| 1,000 sq. ft. or less  |      | 194.64 |        | 4 |
| Ea. add'l 600 sq. ft. or portion   |      | 34.77  |        |   |
| Limited energy, residential (with above sq. ft.)                                     |      | 46.42  |        | 2 |
| Limited energy, multi-family residential (with above sq. ft.)                        |      | 91.72  |        | 2 |
| <b>Services or feeders installation, alteration, and/or relocation</b>               |      |        |        |   |
| 200 amps or less   | 1    | 115.83 | 115.83 | 2 |
| 201 amps to 400 amps   |      | 137.89 |        | 2 |
| 401 amps to 600 amps   |      | 229.34 |        | 2 |
| 601 amps to 1,000 amps   |      | 299.93 |        | 2 |
| Over 1,000 amps or volts   |      | 690.22 |        | 2 |
| Utility reconnect  |      | 91.72  |        | 1 |
| <b>Temporary services or feeders installation, alteration, and/or relocation</b>     |      |        |        |   |
| 200 amps or less   |      | 91.72  |        | 2 |
| 201 amps to 400 amps   |      | 127.41 |        | 2 |
| 401 amps to 600 amps   |      | 184.11 |        | 2 |
| 601 amps to 1,000 amps   |      | 225.29 |        | 2 |
| <b>Branch circuits - new, alteration, or extension, per panel</b>                    |      |        |        |   |
| A. Fee for branch circuits with above service or feeder fee, each branch circuit     | 51   | 4.26   |        | 2 |
| B. Fee for branch circuits without service or feeder fee, first branch circuit       |      | 81.14  |        | 2 |
| Each add'l branch circuit  |      | 4.26   |        |   |
| <b>Miscellaneous (service or feeder not included)</b>                                |      |        |        |   |
| Each manufactured or modular dwelling, service, and/or feeder                        |      | 91.72  |        | 2 |
| Pump or irrigation circle  |      | 91.72  |        | 2 |
| Sign or outline lighting   |      | 91.72  |        | 2 |
| Signal circuit(s) or limited-energy panel, alteration, or extension. Describe:       |      | 91.72  |        | 2 |
| <b>Each additional inspection over allowable in any of the above</b>                 |      |        |        |   |
| Per inspection   |      | 81.14  |        |   |
| Investigation fee  |      |        |        |   |
| Other:   |      |        |        |   |
| Electrical permit fees   |      |        |        |   |
| SUBTOTAL   |      |        | 115.83 |   |
| Plan review (25% of permit fee)  |      |        |        |   |
| State surcharge (12% of permit fee)  |      |        | 13.90  |   |
| TOTAL PERMIT FEE   |      |        | 129.73 |   |

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

\* Number of inspections allowed per permit.

Form B70-1002

REV 10/17



**City Of Beaverton**  
 12725 SW Millikan Way  
 Beaverton, OR 97076  
 Phone: 503-526-2542  
 Email: cunderwood@beavertonoregon.gov

**Commercial Electrical Authorization To Begin Work**

**05350-BEL-20-00466**

Approval Code: 01228G 7/2/2020 8:10 am

E-mailed To: cartonelectric@frontier.com

B2020-2305

| TYPE OF WORK   |  |
|--|--|
| <input type="checkbox"/> New Construction                  | <input checked="" type="checkbox"/> Addition/alteration/replacement  |
| CATEGORY OF CONSTRUCTION                                   |  |
| <input checked="" type="checkbox"/> 1 or 2 family dwelling | <input type="checkbox"/> Multi-family <input type="checkbox"/> Commercial <input type="checkbox"/> Accessory |
| JOB SITE INFORMATION AND LOCATION                          |  |
| Job Address: 710 NW WATERHOUSE AVE                         |  |
| City/State/ZIP: BEAVERTON, OR 97006                        |  |
| Suite/bldg./apt.no.:                                       |  |
| Project Name: Van Brundt                                   |  |
| Cross Street/directions to job site:                       |  |
| Tax map/parcel no.: 1N132CB12300                           |  |
| DESCRIPTION OF WORK  |  |
| Alter 10 branch circuits, without service work             |  |
| APPLICANT  |  |
| Name: Chad Carton  |  |
| Phone: 5034351600  | Fax: 5038350539  |
| Email:   |  |
| CONTRACTOR   |  |
| Elec lic. no.: 36-120C                                     | CCB lic. no.: 159713   |
| Business Name: CARTON ELECTRIC INC                         |  |
| Contact:   |  |
| Address: PO BOX 860  |  |
| City/State/ZIP: AMITY, OR 97101                            |  |
| Phone: 5034351600  | Fax: 5038350539  |
| Email: cartonelectric@frontier.com                         |  |
| Metro lic. no.:  | City lic. no.:   |
| Supervising Electrician's lic. no.:                        |  |
| Supervising Electrician's Name:                            |  |
| Number of inspections included in paid services:           |  |
| Residential Service:                                       | 4  |
| Reconnect Only:  | 1  |
| All Other Services:  | 2  |

| PLAN REVIEW   |      |   |                 |
|---|------|---|-----------------|
| Please check all that apply:  |      | <input type="checkbox"/> Hazardous locations<br><input type="checkbox"/> A service or feeder rated at 600 amps or more<br><input type="checkbox"/> Buildings more than three stor<br><input type="checkbox"/> Marinas and boat yards<br><input type="checkbox"/> Floating buildings<br><input type="checkbox"/> Commercial-use agricultural buildings<br><input type="checkbox"/> installation of a 150 KVA or larger seperately derived sys<br><input type="checkbox"/> "A", "E", or "I-2" or "I-3"<br><input type="checkbox"/> Recreational Vehicle Parks<br><input type="checkbox"/> Supply voltage for more than 600 supply volts nominal |                 |
| <input type="checkbox"/> A service or feeder beginning at 400 Amps where the available fault current exceeds 10,000 Amps at 150 Volts or less to ground exceeds 14,000 Amps for all other<br><br><input type="checkbox"/> Fire pumps<br><input type="checkbox"/> Emergency systems<br><input type="checkbox"/> Addition of a new motor load of 100 HP or more<br><input type="checkbox"/> Six or more residential units in one structure<br><input type="checkbox"/> Health care facilities |      |   |                 |
| FEE SCHEDULE  |      |   |                 |
| Description   | Qty. | Ea.   | Total           |
| <b>Branch circuits</b>  |      |   |                 |
| Branch circuits without service or feeder   | 1    | \$81.14   | \$81.14         |
| Branch circuits each additional circuit without service   | 9    | \$4.26  | \$38.34         |
| <b>Electrical Permit Fees</b>   |      |   |                 |
| Subtotal  |      |   | \$119.48        |
| State surcharge (12% of permit total)   |      |   | \$14.34         |
| <b>TOTAL PERMIT FEE</b>   |      |   | <b>\$133.82</b> |

Upon review and approval by your local jurisdiction, your permit will be e-mailed or faxed within one business day, with instructions on how to schedule your inspection.

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 Inspections Phone: 503-526-2400 Inspections Email: cunderwood@beavertonoregon.gov  
**This Authorization To Begin Work must be posted at the job site until replaced by a Permit**



City Of Beaverton  
 12725 SW Millikan Way  
 Beaverton, OR 97076  
 Phone: 503-526-2542  
 Email: cunderwood@beavertonoregon.gov

**Residential Electrical Authorization To Begin Work**

**05350-BEL-20-00467**

Approval Code: 012003 7/2/2020 8:30 am

E-mailed To: permits@wolfersheating.com

**PLAN REVIEW**

- Please check all that apply:
- A service or feeder beginning at 400 Amps where the available fault current exceeds 10,000 Amps at 150 Volts or less to ground exceeds 14,000 Amps for all other
  - Fire pumps
  - Emergency systems
  - Addition of a new motor load of 100 HP or more
  - Six or more residential units in one structure
  - Health care facilities
  - Hazardous locations
  - A service or feeder rated at 600 amps or more
  - Buildings more than three stor
  - Marinas and boat yards
  - Floating buildings
  - Commercial-use agricultural buildings
  - Installation of a 150 KVA or larger seperately derived sys
  - "A", "E", or "I-2" or "I-3"
  - Recreational Vehicle Parks
  - Supply voltage for more than 600 supply volts nominal

**FEE SCHEDULE**

| Description   | Qty. | Ea.     | Total           |
|---|------|---------|-----------------|
| <b>Branch circuits</b>                                  |      |         |                 |
| Branch circuits without service or feeder               | 1    | \$81.14 | \$81.14         |
| Branch circuits each additional circuit without service | 2    | \$4.26  | \$8.52          |
| <b>Electrical Permit Fees</b>                           |      |         |                 |
| Subtotal  |      |         | \$89.66         |
| State surcharge (12% of permit total)                   |      |         | \$10.76         |
| <b>TOTAL PERMIT FEE</b>                                 |      |         | <b>\$100.42</b> |

**TYPE OF WORK**

- New Construction  Addition/alteration/replacement

**CATEGORY OF CONSTRUCTION**

- 1 or 2 family dwelling  Multi-family  Commercial  Accessory

**JOB SITE INFORMATION AND LOCATION**

Job Address: 16520 SW PENINSULA CT

City/State/ZIP: BEAVERTON, OR 97006

Sulte/bldg./apt.no.:

Project Name: Newell

Cross Street/directions to job site:

Tax map/parcel no.: 1S106AD10000

**DESCRIPTION OF WORK**

Replace 3 Damaged Circuits

**APPLICANT**

Name: Kristi Loschiavo

Phone: 5032201901

Fax:

Email:

**CONTRACTOR**

Elec lic. no.: C1318

CCB lic. no.: 1911

Business Name: WOLFERS INC

Contact:

Address: 1365 N FRONT ST

City/State/ZIP: WOODBURN, OR 97071

Phone: 5039814511

Fax: 5039810801

Email: permits@wolfersheating.com

Metro lic. no.:

City lic. no.:

Supervising Electrician's lic. no.:

Supervising Electrician's Name:

Number of inspections included in paid services:

Residential Service: 4

Reconnect Only: 1

All Other Services: 2

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**Inspections Phone: 503-526-2400 Inspections Email: cunderwood@beavertonoregon.gov**

**This Authorization To Begin Work must be posted at the job site until replaced by a Permit**



City Of Beaverton  
 12725 SW Millikan Way  
 Beaverton, OR 97076  
 Phone: 503-526-2542  
 Email: cunderwood@beavertonoregon.gov

**Commercial Electrical Authorization To Begin Work**

**05350-BEL-20-00468**

Approval Code: 002881 7/2/2020 8:31 am

E-mailed To: GINA@heil-electric.com

B2020-2309

| TYPE OF WORK                                     |   |
|--|---|
| <input type="checkbox"/> New Construction        | <input checked="" type="checkbox"/> Addition/alteration/replacement   |
| CATEGORY OF CONSTRUCTION                         |   |
| <input type="checkbox"/> 1 or 2 family dwelling  | <input type="checkbox"/> Multi-family <input checked="" type="checkbox"/> Commercial <input type="checkbox"/> Accessory |
| JOB SITE INFORMATION AND LOCATION                |   |
| Job Address: 8111 SW WEST SLOPE DR               |   |
| City/State/ZIP: BEAVERTON, OR 97225              |   |
| Suite/bldg./apt.no.:                             |   |
| Project Name:                                    |   |
| Cross Street/directions to job site:             |   |
| Tax map/parcel no.: 1S112BB00100                 |   |
| DESCRIPTION OF WORK                              |   |
| Security system upgrade                          |   |
| APPLICANT  |   |
| Name: Gina Steenson                              |   |
| Phone: 5032554074                                | Fax: 5032554139   |
| Email:   |   |
| CONTRACTOR                                       |   |
| Elec lic. no.: 26-66C                            | CCB lic. no.: 387   |
| Business Name: HEIL ELECTRIC CO                  |   |
| Contact:   |   |
| Address: 8425 SE STARK ST                        |   |
| City/State/ZIP: PORTLAND, OR 97216               |   |
| Phone: 5032554074                                | Fax: 5032554139   |
| Email: GINA@heil-electric.com                    |   |
| Metro lic. no.:                                  | City lic. no.:  |
| Supervising Electrician's lic. no.:              |   |
| Supervising Electrician's Name:                  |   |
| Number of inspections included in paid services: |   |
| Residential Service:                             | 4   |
| Reconnect Only:                                  | 1   |
| All Other Services:                              | 2   |

| PLAN REVIEW   |   |   |   |
|---|---|---|---|
| Please check all that apply:  |   | <input type="checkbox"/> Hazardous locations<br><input type="checkbox"/> A service or feeder rated at 600 amps or more<br><input type="checkbox"/> Buildings more than three stor<br><input type="checkbox"/> Marinas and boat yards<br><input type="checkbox"/> Floating buildings<br><input type="checkbox"/> Commercial-use agricultural buildings<br><input type="checkbox"/> Installation of a 150 KVA or larger separately derived sys<br><input type="checkbox"/> "A", "E", or "I-2" or "I-3"<br><input type="checkbox"/> Recreational Vehicle Parks<br><input type="checkbox"/> Supply voltage for more than 600 supply volts nominal |   |
| <input type="checkbox"/> A service or feeder beginning at 400 Amps where the available fault current exceeds 10,000 Amps at 150 Volts or less to ground exceeds 14,000 Amps for all other | <input type="checkbox"/> Fire pumps             | <input type="checkbox"/> Emergency systems  | <input type="checkbox"/> Addition of a new motor load of 100 HP or more |
| <input type="checkbox"/> Six or more residential units in one structure   | <input type="checkbox"/> Health care facilities |   |   |
| FEE SCHEDULE  |   |   |   |
| Description   | Qty.  | Ea.   | Total   |
| <b>Branch circuits</b>  |   |   |   |
| Branch circuits without service or feeder   | 1   | \$81.14   | \$81.14   |
| <b>Miscellaneous</b>  |   |   |   |
| Signal circuit(s) or limited-energy panel, alteration, or extension   | 1   | \$91.72   | \$91.72   |
| <b>Electrical Permit Fees</b>   |   |   |   |
| Subtotal  |   |   | \$172.86  |
| State surcharge (12% of permit total)   |   |   | \$20.74   |
| <b>TOTAL PERMIT FEE</b>   |   |   | <b>\$193.60</b>   |

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 Inspections Phone: 503-526-2400 Inspections Email: cunderwood@beavertonoregon.gov  
**This Authorization To Begin Work must be posted at the job site until replaced by a Permit**



City Of Beaverton  
 12725 SW Millikan Way  
 Beaverton, OR 97076  
 Phone: 503-526-2542  
 Email: cunderwood@beavertonoregon.gov

**Residential Electrical Authorization To Begin Work**

**05350-BEL-20-00465**

Approval Code: 694428 7/1/2020 9:59 am

E-mailed To: Andrew@SquiresElectric.com

82020-2278

| TYPE OF WORK   |   |
|--|---|
| <input type="checkbox"/> New Construction  | <input checked="" type="checkbox"/> Addition/alteration/replacement |
| CATEGORY OF CONSTRUCTION   |   |
| <input type="checkbox"/> 1 or 2 family dwelling  | <input checked="" type="checkbox"/> Multi-family                    |
| <input type="checkbox"/> Commercial  | <input type="checkbox"/> Accessory                                  |
| JOB SITE INFORMATION AND LOCATION  |   |
| Job Address: 12270 SW CENTER ST  |   |
| City/State/ZIP: BEAVERTON, OR 97005  |   |
| Suite/bldg./apt.no.:   |   |
| Project Name: Beaver Creek Apts.   |   |
| Cross Street/directions to job site:   |   |
| Tax map/parcel no.: 1S110CC00200   |   |
| DESCRIPTION OF WORK  |   |
| 5 circuits, add lights at office, at island, replace 6 posts with building lights, and replace 9 post-top lights |   |
| APPLICANT  |   |
| Name: Production Department  |   |
| Phone: 5032521609  | Fax:  |
| Email:   |   |
| CONTRACTOR   |   |
| Elec lic. no.: 26-1101C  | CCB lic. no.: 135085.   |
| Business Name: SQUIRES ELECTRIC INC  |   |
| Contact:   |   |
| Address: 820 SE WASHINGTON ST  |   |
| City/State/ZIP: PORTLAND, OR 97214   |   |
| Phone: 5032521609  | Fax: 5032535831   |
| Email: office@squireselectric.com  |   |
| Metro lic. no.:  | City lic. no.:  |
| Supervising Electrician's lic. no.:  |   |
| Supervising Electrician's Name:  |   |
| Number of inspections included in paid services:   |   |
| Residential Service:   | 4   |
| Reconnect Only:  | 1   |
| All Other Services:  | 2   |

| PLAN REVIEW   |   |         |                 |
|---|---|---------|-----------------|
| Please check all that apply:  |   |         |                 |
| <input type="checkbox"/> A service or feeder beginning at 400 Amps where the available fault current exceeds 10,000 Amps at 150 Volts or less to ground exceeds 14,000 Amps for all other | <input type="checkbox"/> Hazardous locations  |         |                 |
| <input type="checkbox"/> Fire pumps   | <input type="checkbox"/> A service or feeder rated at 600 amps or more              |         |                 |
| <input type="checkbox"/> Emergency systems  | <input type="checkbox"/> Buildings more than three stor                             |         |                 |
| <input type="checkbox"/> Addition of a new motor load of 100 HP or more   | <input type="checkbox"/> Marinas and boat yards                                     |         |                 |
| <input type="checkbox"/> Six or more residential units in one structure   | <input type="checkbox"/> Floating buildings   |         |                 |
| <input type="checkbox"/> Health care facilities   | <input type="checkbox"/> Commercial-use agricultural buildings                      |         |                 |
|   | <input type="checkbox"/> Installation of a 150 KVA or larger separately derived sys |         |                 |
|   | <input type="checkbox"/> "A", "E", or "I-2" or "I-3"                                |         |                 |
|   | <input type="checkbox"/> Recreational Vehicle Parks                                 |         |                 |
|   | <input type="checkbox"/> Supply voltage for more than 600 supply volts nominal      |         |                 |
| FEE SCHEDULE  |   |         |                 |
| Description   | Qty.  | Ea.     | Total           |
| <b>Branch circuits</b>  |   |         |                 |
| Branch circuits without service or feeder   | 1   | \$81.14 | \$81.14         |
| Branch circuits each additional circuit without service   | 4   | \$4.26  | \$17.04         |
| <b>Electrical Permit Fees</b>   |   |         |                 |
| Subtotal  |   |         | \$98.18         |
| State surcharge (12% of permit total)   |   |         | \$11.78         |
| <b>TOTAL PERMIT FEE</b>   |   |         | <b>\$109.96</b> |

Upon review and approval by your local jurisdiction, your permit will be e-mailed or faxed within one business day, with instructions on how to schedule your inspection.

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 Inspections Phone: 503-526-2400 Inspections Email: cunderwood@beavertonoregon.gov  
 This Authorization To Begin Work must be posted at the job site until replaced by a Permit



**City Of Beaverton**  
 12725 SW Millikan Way  
 Beaverton, OR 97076  
 Phone: 503-526-2542  
 Email: cunderwood@beavertonoregon.gov

**Commercial Electrical Authorization To Begin Work**

**05350-BEL-20-00464**

Approval Code: 111025 7/1/2020 9:52 am

E-mailed To: Kandice@nwsteele.com

B2020-2277

| TYPE OF WORK                                     |   |
|--|---|
| <input type="checkbox"/> New Construction        | <input checked="" type="checkbox"/> Addition/alteration/replacement   |
| CATEGORY OF CONSTRUCTION                         |   |
| <input type="checkbox"/> 1 or 2 family dwelling  | <input type="checkbox"/> Multi-family <input checked="" type="checkbox"/> Commercial <input type="checkbox"/> Accessory |
| JOB SITE INFORMATION AND LOCATION                |   |
| Job Address: 9400 SW BEAVERTON HILLSDALE HWY     |   |
| City/State/ZIP: BEAVERTON, OR 97005              |   |
| Suite/bldg./apt.no.:                             |   |
| Project Name: 200508                             |   |
| Cross Street/directions to job site:             |   |
| Tax map/parcel no.: 1S114AC00200                 |   |
| DESCRIPTION OF WORK                              |   |
| Install new lighting, Duplex outlet              |   |
| APPLICANT  |   |
| Name: Kandice Brown                              |   |
| Phone: 5032681311                                | Fax: 5033726448   |
| Email:   |   |
| CONTRACTOR                                       |   |
| Elec lic. no.: C489                              | CCB lic. no.: 186140  |
| Business Name: STEELE ELECTRIC LLC               |   |
| Contact:   |   |
| Address: 716 Roxe Drive                          |   |
| City/State/ZIP: FOREST GROVE, OR 97116           |   |
| Phone: 5032681311                                | Fax: 5033726448   |
| Email: dan@nwsteele.com                          |   |
| Metro lic. no.:                                  | City lic. no.:  |
| Supervising Electrician's lic. no.:              |   |
| Supervising Electrician's Name:                  |   |
| Number of inspections included in paid services: |   |
| Residential Service:                             | 4   |
| Reconnect Only:                                  | 1   |
| All Other Services:                              | 2   |

| PLAN REVIEW   |   |
|---|---|
| Please check all that apply:  |   |
| <input type="checkbox"/> A service or feeder beginning at 400 Amps where the available fault current exceeds 10,000 Amps at 150 Volts or less to ground exceeds 14,000 Amps for all other | <input type="checkbox"/> Hazardous locations  |
| <input type="checkbox"/> Fire pumps   | <input type="checkbox"/> A service or feeder rated at 600 amps or more              |
| <input type="checkbox"/> Emergency systems  | <input type="checkbox"/> Buildings more than three stor                             |
| <input type="checkbox"/> Addition of a new motor load of 100 HP or more   | <input type="checkbox"/> Marinas and boat yards                                     |
| <input type="checkbox"/> Six or more residential units in one structure   | <input type="checkbox"/> Floating buildings   |
| <input type="checkbox"/> Health care facilities   | <input type="checkbox"/> Commercial-use agricultural buildings                      |
|   | <input type="checkbox"/> Installation of a 150 KVA or larger separately derived sys |
|   | <input type="checkbox"/> "A", "E", or "I-2" or "I-3"                                |
|   | <input type="checkbox"/> Recreational Vehicle Parks                                 |
|   | <input type="checkbox"/> Supply voltage for more than 600 supply volts nominal      |

| FEE SCHEDULE  |      |         |                 |
|---|------|---------|-----------------|
| Description   | Qty. | Ea.     | Total           |
| <b>Branch circuits</b>                                  |      |         |                 |
| Branch circuits without service or feeder               | 1    | \$81.14 | \$81.14         |
| Branch circuits each additional circuit without service | 2    | \$4.26  | \$8.52          |
| <b>Electrical Permit Fees</b>                           |      |         |                 |
| Subtotal  |      |         | \$89.66         |
| State surcharge (12% of permit total)                   |      |         | \$10.76         |
| <b>TOTAL PERMIT FEE</b>                                 |      |         | <b>\$100.42</b> |

Upon review and approval by your local jurisdiction, your permit will be e-mailed or faxed within one business day, with instructions on how to schedule your inspection.

NOTE: This Authorization To Begin Work expires within 180 days if a permit is not obtained.

The local building department may determine that an Authorization To Begin Work is null and void if it does not meet applicable land use laws and local ordinances.

**This Authorization to Begin Work is not a permit, to schedule inspections you need a permit from City Of Beaverton**  
 Inspections Phone: 503-526-2400 Inspections Email: cunderwood@beavertonoregon.gov  
 This Authorization To Begin Work must be posted at the job site until replaced by a Permit



**City Of Beaverton**  
 12725 SW Millikan Way  
 Beaverton, OR 97076  
 Phone: 503-526-2542  
 Email: cunderwood@beavertonoregon.gov

**Residential Electrical Authorization To Begin Work**

**05350-BEL-20-00463**

Approval Code: 106525 7/1/2020 6:06 am

E-mailed To: dave@portlandmetroelectric.com

B2020-2273

| TYPE OF WORK  |  |
|---|--|
| <input type="checkbox"/> New Construction                     | <input checked="" type="checkbox"/> Addition/alteration/replacement  |
| CATEGORY OF CONSTRUCTION                                      |  |
| <input checked="" type="checkbox"/> 1 or 2 family dwelling    | <input type="checkbox"/> Multi-family <input type="checkbox"/> Commercial <input type="checkbox"/> Accessory |
| JOB SITE INFORMATION AND LOCATION                             |  |
| Job Address: 11880 SW CAMDEN LN                               |  |
| City/State/ZIP: BEAVERTON, OR 97008                           |  |
| Suite/bldg./apt.no.:  |  |
| Project Name: Panel Replacement                               |  |
| Cross Street/directions to job site:                          |  |
| Tax map/parcel no.: 1S122BD08600                              |  |
| DESCRIPTION OF WORK   |  |
| Replacing existing panel with new Main Breaker updated panel. |  |
| APPLICANT   |  |
| Name: David Tkach   |  |
| Phone: 5038637733   | Fax:   |
| Email:  |  |
| CONTRACTOR  |  |
| Elec lic. no.: C1338  | CCB lic. no.: 218489   |
| Business Name: PORTLAND METRO ELECTRIC LLC                    |  |
| Contact:  |  |
| Address: 13203 SE 172ND AVE STE 166 #180                      |  |
| City/State/ZIP: HAPPY VALLEY, OR 97086                        |  |
| Phone: 5038637733   | Fax:   |
| Email: dave@portlandmetroelectric.com                         |  |
| Metro lic. no.:   | City lic. no.:   |
| Supervising Electrician's lic. no.:                           |  |
| Supervising Electrician's Name:                               |  |
| Number of inspections included in paid services:              |  |
| Residential Service:  | 4  |
| Reconnect Only:   | 1  |
| All Other Services:   | 2  |

| PLAN REVIEW   |   |  |   |
|---|---|--|---|
| Please check all that apply:  |   |  |   |
| <input type="checkbox"/> A service or feeder beginning at 400 Amps where the available fault current exceeds 10,000 Amps at 150 Volts or less to ground exceeds 14,000 Amps for all other | <input type="checkbox"/> Hazardous locations                            | <input type="checkbox"/> A service or feeder rated at 600 amps or more         | <input type="checkbox"/> Buildings more than three stor                             |
| <input type="checkbox"/> Fire pumps   | <input type="checkbox"/> Emergency systems                              | <input type="checkbox"/> Marinas and boat yards                                | <input type="checkbox"/> Floating buildings   |
| <input type="checkbox"/> Addition of a new motor load of 100 HP or more   | <input type="checkbox"/> Six or more residential units in one structure | <input type="checkbox"/> Commercial-use agricultural buildings                 | <input type="checkbox"/> Installation of a 150 KVA or larger separately derived sys |
| <input type="checkbox"/> Health care facilities   | <input type="checkbox"/> Health care facilities                         | <input type="checkbox"/> "A", "E", or "I-2" or "I-3"                           | <input type="checkbox"/> Recreational Vehicle Parks                                 |
|   |   | <input type="checkbox"/> Supply voltage for more than 600 supply volts nominal |   |
| FEE SCHEDULE  |   |  |   |
| Description   | Qty.  | Ea.  | Total   |
| Services or feeders   |   |  |   |
| Services 200 amps or less   | 1   | \$115.83   | \$115.83  |
| Electrical Permit Fees  |   |  |   |
| Subtotal  |   |  | \$115.83  |
| State surcharge (12% of permit total)   |   |  | \$13.90   |
| <b>TOTAL PERMIT FEE</b>   |   |  | <b>\$129.73</b>   |

Upon review and approval by your local jurisdiction, your permit will be e-mailed or faxed within one business day, with instructions on how to schedule your inspection.

NOTE: This Authorization To Begin Work expires within 180 days if a permit is not obtained.

The local building department may determine that an Authorization To Begin Work is null and void if it does not meet applicable land use laws and local ordinances.

**This Authorization to Begin Work is not a permit, to schedule inspections you need a permit from City Of Beaverton**  
 Inspections Phone: 503-526-2400 Inspections Email: cunderwood@beavertonoregon.gov  
**This Authorization To Begin Work must be posted at the job site until replaced by a Permit**



### Electrical Permit Application

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

### OFFICE USE ONLY

|                           |                         |
|---------------------------|-------------------------|
| Date Received: 07/29/2020 | Permit No.: B2020-2702  |
| Date Issued: 7-30-20      | By: <i>ML</i>           |
|                           | Payment Type: <i>MC</i> |

| TYPE OF WORK  |   |
|---|---|
| <input type="checkbox"/> New construction   | <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"/> Multi-family   | <input type="checkbox"/> Master builder                             |
|   | <input type="checkbox"/> Accessory building                         |
|   | <input type="checkbox"/> Other:                                     |
| JOB SITE INFORMATION AND LOCATION   |   |
| Job no.:  | Job 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   |   |
| 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:   |   |
| Owner installation: This installation is being made on property that I own, which is not intended for sale, lease, rent, or exchange. |   |
| Owner signature: _____ Date: _____  |   |
| <input checked="" type="checkbox"/> APPLICANT   | <input type="checkbox"/> CONTACT PERSON                             |
| Business name: TESLA Energy   |   |
| Contact name: Melissa Farias  |   |
| Address: 6132 NE 112th Ave,   |   |
| City/State/ZIP: Portland OR 97220   |   |
| Phone: 503 894 6903   | Fax:  |
| E-mail: Celmore@TESLA.com   |   |
| CONTRACTOR  |   |
| Business name: TESLA Energy   |   |
| Address: 6132 NE 112th Ave,   |   |
| City/State/ZIP: Portland OR 97220   |   |
| Phone: 503 894 6903   | Fax:  |
| E-mail: Celmore@TESLA.com   | CCB lic. no.: 180498  |
| Electrical lic. no.: C562   | City or metro lic.: 1032  |
| Supervising electrician signature, required: <i>N Armstrong</i>   |   |
| Print name: Nicholas Armstrong  | Date: 7/28/2020   |
| Authorized signature: <i>M Farias</i>   |   |
| Print name: Melissa Farias  | Date: 7/28/2020   |

| PLAN REVIEW   |  |   |  |  |
|---|--|---|--|--|
| Please check all that apply:  |  | <input type="checkbox"/> Service or feeder over 600 amps<br><input type="checkbox"/> Building over three stories<br><input type="checkbox"/> Marinas and boatyards<br><input type="checkbox"/> Floating buildings<br><input type="checkbox"/> Commercial-use agricultural buildings<br><input type="checkbox"/> Installation of 150 KVA or larger separately derived system<br><input type="checkbox"/> "A," "E," "I-2," "I-3" occupancy<br><input type="checkbox"/> Recreational vehicle parks |  |  |
| <input type="checkbox"/> Service or feeder 400amps or more                              | <input type="checkbox"/> Fire pump           | <input type="checkbox"/> Emergency system   | <input type="checkbox"/> Addition of new motor load of 100HP or more | <input type="checkbox"/> Six or more residential units |
| <input type="checkbox"/> Health-care facilities   | <input type="checkbox"/> Hazardous locations |   |  |  |
| FEE SCHEDULE  |  |   |  |  |
| Description   | Qty.   | Fee   | Total  | *  |
| <b>Residential single- or multi-family dwelling unit</b>                                |  |   |  |  |
| <b>Includes attached garage</b>   |  |   |  |  |
| 1,000 sq. ft. or less   |  | 152.85  |  | 4  |
| Ea. add'l 500 sq. ft. or portion  |  | 27.30   |  |  |
| Limited energy, residential (with above sq. ft.)  |  | 36.46   |  | 2  |
| Limited energy, multi-family residential (with above sq. ft.)                           |  | 72.03   |  | 2  |
| <b>Services or feeders installation, alteration, and/or relocation</b>                  |  |   |  |  |
| 200 amps or less  | 1  | 90.95   |  | 2  |
| 201 amps to 400 amps  |  | 108.28  |  | 2  |
| 401 amps to 600 amps  |  | 180.09  |  | 2  |
| 601 amps to 1,000 amps  |  | 235.53  |  | 2  |
| Over 1,000 amps or volts  |  | 542.03  |  | 2  |
| Utility reconnect   |  | 72.03   |  | 1  |
| <b>Temporary services or feeders installation, alteration, and/or relocation</b>        |  |   |  |  |
| 200 amps or less  |  | 72.03   |  | 2  |
| 201 amps to 400 amps  |  | 100.06  |  | 2  |
| 401 amps to 600 amps  |  | 144.58  |  | 2  |
| 601 amps to 1,000 amps  |  | 144.58  |  | 2  |
| <b>Branch circuits -- new, alteration, or extension, per panel</b>                      |  |   |  |  |
| A. Fee for branch circuits <i>with</i> above service or feeder fee, each branch circuit |  | 3.34  |  | 2  |
| B. Fee for branch circuits <i>without</i> service or feeder fee, first branch circuit   |  | 63.71   |  | 2  |
| Each add'l branch circuit   |  | 3.34  |  |  |
| <b>Miscellaneous (service or feeder not included)</b>                                   |  |   |  |  |
| Each manufactured dwelling, service, and/or feeder                                      |  | 72.03   |  | 2  |
| Pump or irrigation circuit  |  | 72.03   |  | 2  |
| Sign or outline lighting  |  | 0.00  |  | 2  |
| Signal circuit(s) or limited-energy panel, alteration, or extension. Describe:          |  | 67.95   |  | 2  |
| <b>Each additional inspection over allowable in any of the above</b>                    |  |   |  |  |
| Per inspection  |  | 63.71   |  |  |
| Investigation fee   |  |   |  |  |
| Other:  |  |   |  |  |
| Electrical permit fees  |  |   |  |  |
| <b>SUBTOTAL</b>   |  |   | 0.00   |  |
| Plan review (25% of permit fee)   |  |   |  |  |
| State surcharge (12% of permit fee)   |  |   | 0.00   |  |
| <b>TOTAL PERMIT FEE</b>   |  |   | \$0.00   |  |

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete  
 \* Number of inspections allowed per permit.



## Renewable Electrical Energy Permit Application

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

| OFFICE USE ONLY               |                         |
|-------------------------------|-------------------------|
| Date Received: <u>7-29-20</u> | Permit No. B2020-2702   |
| Date Issued: <u>7-30-20</u>   | By: <u>JW</u>           |
|                               | Payment Type: <u>MC</u> |

| TYPE OF WORK  |   |
|---|---|
| <input type="checkbox"/> New construction   | <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"/> Multi-family   | <input type="checkbox"/> Accessory building                         |
| <input type="checkbox"/> Other:   |   |
| JOB SITE INFORMATION AND LOCATION   |   |
| Job no.:  | Job address: 16044 Southwest Thrush Lane                            |
| City/State/ZIP: Beaverton, OR 97007   |   |
| Suite/bldg./apt. no.:   | Project name:   |
| Cross street/directions to job site:  |   |
| Subdivision:  | Lot no.:  |
| Tax map/parcel no.:   |   |
| DESCRIPTION OF WORK   |   |
| 12.24 KW PV + Battery storage<br>PV ROOF MOUNT  |   |
| <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:   |   |
| Owner installation: This installation is being made on property that I own, which is not intended for sale, lease, rent, or exchange. |   |
| Owner signature: _____  | Date: _____   |
| CONTRACTOR  |   |
| Business name: SolarCity Corp.  |   |
| Address: 6132 NE 112th Ave  |   |
| City/State/ZIP: Portland OR 97220   |   |
| Phone: 503-894-6903   | Fax: 1-866-445-7459   |
| E-mail: Celmore@tesla.com   | CCB lic. no.: 180498  |
| Electrical lic. no.: C562   | City or metro lic.: 10324   |
| Supervising electrician signature, required: <u>[Signature]</u>   |   |
| Print name: Nicholas Armstrong - 5873S  | Date: 7/28/2020   |
| Authorized signature: <u>[Signature]</u>  |   |
| Print name: Melissa Farias  | Date: 7/28/2020   |

| FEE SCHEDULE   |              |           |               |
|--|--------------|-----------|---------------|
| Number of inspections per item ( )<br>Renewable energy installation per system total   | No. of Items | Cost Each | Total         |
| 5 kva or less (2)  |              | 63.71     | 0.00          |
| 5.01 to 15 kva (2)   | 1            | 90.95     | 0.00          |
| 15.01 to 25 kva (2)  |              | 108.28    | 0.00          |
| 25.01 kva and over (2)   |              | 180.09    | 0.00          |
| Miscellaneous fees, hourly rate  |              | 80.00     | 0.00          |
| Each additional inspection (1)<br>(OAR 818-308-0070)   |              | 63.71     | 0.00          |
| FEE TOTALS   |              |           | Recalculated  |
| Subtotal   |              |           | 0.00          |
| <input type="checkbox"/> Plan review required for systems over 25 kva at 25% of Subtotal. No 12% surcharge on plan review fee. (25% of permit fee) |              |           |               |
| State surcharge (12% of permit fee)  |              |           | 0.00          |
| <b>TOTAL PERMIT FEE</b>  |              |           | <b>\$0.00</b> |

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

rev 7/13

**CITY OF BEAVERTON**  
**AFFIDAVIT**  
 PERMIT #: B2020-2701  
 ISSUED BY: CL  
 DATE: 7/29/2020

B2020-2669



**Electrical Permit Application**  
 12725 SW Milliken Way / PO Box 4756  
 Beaverton, OR 97076  
 Phone: (503) 576-2493 Fax: (503) 576-2550  
 General Information (503) 526-2222  
 beavertonoregon.gov

**OFFICE USE ONLY**

Date Received: 7-27-20 Permit No. \_\_\_\_\_  
 Date Issued: 7-30-20 By: AK  
 Payment Type: VISA

B2020-2669

**TYPE OF WORK**  
 New Construction  
 Addition/alteration/replacement  
 Other

**CATEGORY OF CONSTRUCTION**  
 1- and 2-family dwelling  
 Commercial/Industrial  
 Accessory building  
 Multi-family  
 Mobile building  
 Other

**JOB SITE INFORMATION AND LOCATION**  
 Job no.: \_\_\_\_\_ Job address: 15295 SW Village Lane  
 City/State/ZIP: Beaverton, OR, 97007  
 Subdivision name: \_\_\_\_\_ Project name: Gas Fireplace Installation  
 Cross street/directions to job site: SW 152nd  
 Subdivision: Four Seasons Lot no.: \_\_\_\_\_  
 Tax map parcel no.: \_\_\_\_\_

**DESCRIPTION OF WORK**  
Installation of electric line to new gas fireplace (B2020-1931 Mech) branching off existing circuit.

PROPERTY OWNER  TENANT  
 Name: Wendell J. Krohn  
 Address: 15295 SW Village Lane  
 City/State/ZIP: Beaverton, OR, 97007  
 Phone: (503) 539-0125 Fax: (503) 615-7390  
 Email: wkrohn@gmail.com

Owner installation: This installation is being made on property that I own, which is not intended for sale, lease, rent, or occupancy.  
 Owner signature: Wendell J. Krohn Date: 07/24/20

APPLICANT  CONTACT PERSON  
 Business name: \_\_\_\_\_  
 Contact name: Property Owner  
 Address: \_\_\_\_\_  
 City/State/ZIP: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

**CONTRACTOR**  
 Business name: N/A  
 Address: \_\_\_\_\_  
 City/State/ZIP: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 E-mail: \_\_\_\_\_  
 OSB Lic. no.: \_\_\_\_\_  
 City or main office: \_\_\_\_\_  
 Electrical Lic. no.: \_\_\_\_\_  
 Supervisor/inspector signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Approved signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Print name: \_\_\_\_\_

**PLAN REVIEW**

Please check all that apply:

|  |  |
|--|--|
| <input type="checkbox"/> Service or feeder over 600 amps             | <input type="checkbox"/> Building over three stories                               |
| <input type="checkbox"/> Branch or feeder 400 amps or more           | <input type="checkbox"/> Material and bodywork                                     |
| <input type="checkbox"/> Fire pump                                   | <input type="checkbox"/> Floating buildings  |
| <input type="checkbox"/> Emergency system                            | <input type="checkbox"/> Commercial-use agricultural buildings                     |
| <input type="checkbox"/> Addition of new motor load of 100HP or more | <input type="checkbox"/> Installation of 150 kVA or larger emergency diesel system |
| <input type="checkbox"/> Six or more residential units               | <input type="checkbox"/> 10, 15, 12, 15 occupancy                                  |
| <input type="checkbox"/> Health-care facilities                      | <input type="checkbox"/> Recreational vehicle parks                                |
| <input type="checkbox"/> Hazardous locations                         |  |

**FEE SCHEDULE**

| Description  | Qty | Fee    | Total           | Unit |
|--|-----|--------|-----------------|------|
| Residential single- or multi-family dwelling unit includes attached garage       |     |        |                 |      |
| 1,000 sq. ft. or less  |     | 184.84 |                 | 1    |
| Each add'l 500 sq. ft. or portion  |     | 34.77  |                 |      |
| Limited energy residential (with above sq. ft.)                                  |     | 46.42  |                 | 1    |
| Limited energy on 15-family residential (with above sq. ft.)                     |     | 91.72  |                 | 2    |
| Services or feeders installation, alteration, and/or relocation                  |     |        |                 |      |
| 200 amps or less   | 1   | 116.33 | 116.33          | 2    |
| 201 amps to 400 amps   |     | 137.39 |                 | 2    |
| 401 amps to 600 amps   |     | 229.34 |                 | 2    |
| 601 amps to 1,000 amps   |     | 299.83 |                 | 2    |
| Over 1,000 amps or volts   |     | 680.22 |                 | 2    |
| Utility reconnected  |     | 91.72  |                 | 1    |
| Temporary services or feeders installation, alteration, and/or relocation        |     |        |                 |      |
| 200 amps or less   |     | 91.72  |                 | 2    |
| 201 amps to 400 amps   |     | 127.41 |                 | 2    |
| 401 amps to 600 amps   |     | 184.11 |                 | 2    |
| 601 amps to 1,000 amps   |     | 225.29 |                 | 2    |
| Branch circuits - new, alteration, or extension (see panel)                      |     |        |                 |      |
| A. Fee for branch circuits with above service or feeder fee, each branch circuit |     | 4.26   |                 | 2    |
| B. Fee for branch circuits without service or feeder fee, first branch circuit   |     | 21.14  |                 | 2    |
| Each add'l branch circuit  |     | 4.26   |                 |      |
| Miscellaneous fees (see fee schedule not included)                               |     |        |                 |      |
| Each manufactured or modular dwelling, service, and/or feeder                    |     | 91.72  |                 | 2    |
| Pump or irrigation drain   |     | 91.72  |                 | 2    |
| Sign or outline lighting   |     | 91.72  |                 | 2    |
| Signal circuits or limited-energy panel, alteration, or extension (See panel)    |     | 91.72  |                 | 2    |
| Each additional inspection over allowable in any of the above                    |     |        |                 |      |
| Per inspection   |     | 61.14  |                 |      |
| Investigation fee  |     |        |                 |      |
| Other  |     |        |                 |      |
| Electrical permit fees   |     |        |                 |      |
| <b>SUBTOTAL</b>  |     |        | <b>116.83</b>   |      |
| Plan review (25% of permit fee)  |     |        |                 |      |
| State surcharge (12% of permit fee)  |     |        |                 |      |
| <b>TOTAL PERMIT FEE</b>  |     |        | <b>\$129.33</b> |      |

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete.  
 \*Number of inspections allowed per permit.  
 Fee: \$70.00



**City Of Beaverton**  
 12725 SW Millkan Way  
 Beaverton, OR 97076  
 Phone: 503-526-2542  
 Email: cunderwood@beavertonoregon.gov

**Commercial Electrical Authorization To Begin Work**

**05350-BEL-20-00535**

Approval Code: 030805 7/30/2020 10:42 am

E-mailed To: byelec@frontier.com

B2020-2729

| TYPE OF WORK                                     |   |
|--|---|
| <input type="checkbox"/> New Construction        | <input checked="" type="checkbox"/> Addition/alteration/replacement   |
| CATEGORY OF CONSTRUCTION                         |   |
| <input type="checkbox"/> 1 or 2 family dwelling  | <input type="checkbox"/> Multi-family <input checked="" type="checkbox"/> Commercial <input type="checkbox"/> Accessory |
| JOB SITE INFORMATION AND LOCATION                |   |
| Job Address: 16130 SW MERLO RD                   |   |
| City/State/ZIP: BEAVERTON, OR 97006              |   |
| Suite/bldg./apt.no.:                             |   |
| Project Name: TRI-MET                            |   |
| Cross Street/directions to job site:             |   |
| Tax map/parcel no.: 1S108BB00900                 |   |
| DESCRIPTION OF WORK                              |   |
| Pipe and wire new diesel exhaust fluid system    |   |
| APPLICANT  |   |
| Name: JOHN BOYLES                                |   |
| Phone: 5036632628                                | Fax: 5036639048   |
| Email:   |   |
| CONTRACTOR                                       |   |
| Elec lic. no.: 3-465C                            | CCB lic. no.: 137002  |
| Business Name: BOYLES ELECTRIC INC               |   |
| Contact:   |   |
| Address: PO BOX 1227                             |   |
| City/State/ZIP: BORING, OR 97009                 |   |
| Phone: 5036632628                                | Fax: 5036639048   |
| Email: byelec@frontier.com                       |   |
| Metro lic. no.:                                  | City lic. no.:  |
| Supervising Electrician's lic. no.:              |   |
| Supervising Electrician's Name:                  |   |
| Number of inspections included in paid services: |   |
| Residential Service:                             | 4   |
| Reconnect Only:                                  | 1   |
| All Other Services:                              | 2   |

| PLAN REVIEW   |   |   |  |
|---|---|---|--|
| <b>Please check all that apply:</b>   |   |   |  |
| <input type="checkbox"/> A service or feeder beginning at 400 Amps where the available fault current exceeds 10,000 Amps at 150 Volts or less to ground exceeds 14,000 Amps for all other | <input type="checkbox"/> Hazardous locations    | <input type="checkbox"/> A service or feeder rated at 600 amps or more              | <input type="checkbox"/> Buildings more than three stor                        |
| <input type="checkbox"/> Fire pumps   | <input type="checkbox"/> Emergency systems      | <input type="checkbox"/> Addition of a new motor load of 100 HP or more             | <input type="checkbox"/> Marinas and boat yards                                |
| <input type="checkbox"/> Six or more residential units in one structure   | <input type="checkbox"/> Health care facilities | <input type="checkbox"/> Installation of a 150 KVA or larger seperately derived sys | <input type="checkbox"/> Floating buildings                                    |
|   |   | <input type="checkbox"/> "A", "E", or "I-2" or "I-3"                                | <input type="checkbox"/> Commercial-use agricultural buildings                 |
|   |   | <input type="checkbox"/> Recreational Vehicle Parks                                 | <input type="checkbox"/> Supply voltage for more than 600 supply volts nominal |
| FEE SCHEDULE  |   |   |  |
| Description   | Qty.  | Ea.   | Total  |
| <b>Branch circuits</b>  |   |   |  |
| Branch circuits without service or feeder   | 1   | \$81.14   | \$81.14  |
| Branch circuits each additional circuit without service   | 1   | \$4.26  | \$4.26   |
| <b>Electrical Permit Fees</b>   |   |   |  |
| Subtotal  |   |   | \$85.40  |
| State surcharge (12% of permit total)   |   |   | \$10.25  |
| <b>TOTAL PERMIT FEE</b>   |   |   | <b>\$95.65</b>   |

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**This Authorization to Begin Work is not a permit, to schedule inspections you need a permit from City Of Beaverton**  
 Inspections Phone: 503-526-2400 Inspections Email: cunderwood@beavertonoregon.gov  
 This Authorization To Begin Work must be posted at the job site until replaced by a Permit



**City Of Beaverton**  
 12725 SW Milikan Way  
 Beaverton, OR 97076  
 Phone: 503-526-2542  
 Email: cunderwood@beavertonoregon.gov

**Commercial Electrical Authorization To Begin Work**

**05350-BEL-20-00536**

Approval Code: 210395 7/30/2020 10:59 am

E-mailed To: kayla@jarmer.com

B2020-2730

| TYPE OF WORK                                     |   |
|--|---|
| <input type="checkbox"/> New Construction        | <input checked="" type="checkbox"/> Addition/alteration/replacement   |
| CATEGORY OF CONSTRUCTION                         |   |
| <input type="checkbox"/> 1 or 2 family dwelling  | <input checked="" type="checkbox"/> Multi-family <input type="checkbox"/> Commercial <input type="checkbox"/> Accessory |
| JOB SITE INFORMATION AND LOCATION                |   |
| Job Address: 14100 SW ALLEN BLVD                 |   |
| City/State/ZIP: BEAVERTON, OR 97005              |   |
| Suite/bldg./apt.no.:                             |   |
| Project Name:                                    |   |
| Cross Street/directions to job site:             |   |
| Tax map/parcel no.: 1S121BB90000                 |   |
| DESCRIPTION OF WORK                              |   |
| #80 NEW PANEL                                    |   |
| APPLICANT  |   |
| Name: TIM JARMER                                 |   |
| Phone: 5032465381                                | Fax: 5032448037   |
| Email:   |   |
| CONTRACTOR                                       |   |
| Elec lic. no.: 26-144C                           | CCB lic. no.: 6924  |
| Business Name: JARMER ELECTRIC INC               |   |
| Contact:   |   |
| Address: 5105 SW 45TH AVE #200                   |   |
| City/State/ZIP: PORTLAND, OR 97221               |   |
| Phone: 5032465381                                | Fax: 5032448037   |
| Email: kayla@jarmer.com                          |   |
| Metro lic. no.:                                  | City lic. no.:  |
| Supervising Electrician's lic. no.:              |   |
| Supervising Electrician's Name:                  |   |
| Number of inspections included in paid services: |   |
| Residential Service:                             | 4   |
| Reconnect Only:                                  | 1   |
| All Other Services:                              | 2   |

| PLAN REVIEW   |   |          |                 |
|---|---|----------|-----------------|
| Please check all that apply:  |   |          |                 |
| <input type="checkbox"/> A service or feeder beginning at 400 Amps where the available fault current exceeds 10,000 Amps at 150 Volts or less to ground exceeds 14,000 Amps for all other | <input type="checkbox"/> Hazardous locations  |          |                 |
| <input type="checkbox"/> Fire pumps   | <input type="checkbox"/> A service or feeder rated at 600 amps or more              |          |                 |
| <input type="checkbox"/> Emergency systems  | <input type="checkbox"/> Buildings more than three stor                             |          |                 |
| <input type="checkbox"/> Addition of a new motor load of 100 HP or more   | <input type="checkbox"/> Marinas and boat yards                                     |          |                 |
| <input type="checkbox"/> Six or more residential units in one structure   | <input type="checkbox"/> Floating buildings   |          |                 |
| <input type="checkbox"/> Health care facilities   | <input type="checkbox"/> Commercial-use agricultural buildings                      |          |                 |
|   | <input type="checkbox"/> Installation of a 150 KVA or larger separately derived sys |          |                 |
|   | <input type="checkbox"/> "A", "E", or "I-2" or "I-3"                                |          |                 |
|   | <input type="checkbox"/> Recreational Vehicle Parks                                 |          |                 |
|   | <input type="checkbox"/> Supply voltage for more than 600 supply volts nominal      |          |                 |
| FEE SCHEDULE  |   |          |                 |
| Description   | Qty.  | Ea.      | Total           |
| Services or feeders   |   |          |                 |
| Services 200 amps or less   | 1   | \$115.83 | \$115.83        |
| Electrical Permit Fees  |   |          |                 |
| Subtotal  |   |          | \$115.83        |
| State surcharge (12% of permit total)   |   |          | \$13.90         |
| <b>TOTAL PERMIT FEE</b>   |   |          | <b>\$129.73</b> |

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 Inspections Phone: 503-526-2400 Inspections Email: cunderwood@beavertonoregon.gov  
 This Authorization To Begin Work must be posted at the job site until replaced by a Permit



**City Of Beaverton**  
 12725 SW Millkan Way  
 Beaverton, OR 97076  
 Phone: 503-526-2542  
 Email: cunderwood@beavertonoregon.gov

**Commercial Electrical Authorization To Begin Work**

**05350-BEL-20-00537**

Approval Code: 021555 7/30/2020 12:15 pm

E-mailed To: jason.gotz@eighteengroup.com

B2020-2732

| TYPE OF WORK                                     |   |
|--|---|
| <input type="checkbox"/> New Construction        | <input checked="" type="checkbox"/> Addition/alteration/replacement   |
| CATEGORY OF CONSTRUCTION                         |   |
| <input type="checkbox"/> 1 or 2 family dwelling  | <input type="checkbox"/> Multi-family <input checked="" type="checkbox"/> Commercial <input type="checkbox"/> Accessory |
| JOB SITE INFORMATION AND LOCATION                |   |
| Job Address: 3211 SW CEDAR HILLS BLVD            |   |
| City/State/ZIP: BEAVERTON, OR 97005              |   |
| Suite/bldg./apt.no.:                             |   |
| Project Name:                                    |   |
| Cross Street/directions to job site:             |   |
| Tax map/parcel no.: 1S1090000200                 |   |
| DESCRIPTION OF WORK                              |   |
| network, music and audio                         |   |
| APPLICANT  |   |
| Name: jason Gotz                                 |   |
| Phone: 5035151192                                | Fax:  |
| Email:   |   |
| CONTRACTOR                                       |   |
| Elec lic. no.: CLE339                            | CCB lic. no.: 198920  |
| Business Name: EIGHTEEN GROUP LLC                |   |
| Contact:   |   |
| Address: 16195 SE GOOSEHOLLOW DR                 |   |
| City/State/ZIP: DAMASCUS, OR 97089               |   |
| Phone: 5035151192                                | Fax:  |
| Email: Jason.gotz@eighteengroup.com              |   |
| Metro lic. no.:                                  | City lic. no.:  |
| Supervising Electrician's lic. no.:              |   |
| Supervising Electrician's Name:                  |   |
| Number of inspections included in paid services: |   |
| Residential Service:                             | 4   |
| Reconnect Only:                                  | 1   |
| All Other Services:                              | 2   |

| PLAN REVIEW   |      |   |                 |
|---|------|---|-----------------|
| Please check all that apply:  |      | <input type="checkbox"/> Hazardous locations<br><input type="checkbox"/> A service or feeder rated at 600 amps or more<br><input type="checkbox"/> Buildings more than three stor<br><input type="checkbox"/> Marinas and boat yards<br><input type="checkbox"/> Floating buildings<br><input type="checkbox"/> Commercial-use agricultural buildings<br><input type="checkbox"/> Installation of a 150 KVA or larger separately derived sys<br><input type="checkbox"/> "A", "E", or "I-2" or "I-3"<br><input type="checkbox"/> Recreational Vehicle Parks<br><input type="checkbox"/> Supply voltage for more than 600 supply volts nominal |                 |
| <input type="checkbox"/> A service or feeder beginning at 400 Amps where the available fault current exceeds 10,000 Amps at 150 Volts or less to ground exceeds 14,000 Amps for all other<br><br><input type="checkbox"/> Fire pumps<br><input type="checkbox"/> Emergency systems<br><input type="checkbox"/> Addition of a new motor load of 100 HP or more<br><input type="checkbox"/> Six or more residential units in one structure<br><input type="checkbox"/> Health care facilities |      |   |                 |
| FEE SCHEDULE  |      |   |                 |
| Description   | Qty. | Ea.   | Total           |
| <b>Limited Energy</b>   |      |   |                 |
| Stand-alone limited energy, commercial  | 1    | \$91.72   | \$91.72         |
| <b>Electrical Permit Fees</b>   |      |   |                 |
| Subtotal  |      |   | \$91.72         |
| State surcharge (12% of permit total)   |      |   | \$11.01         |
| <b>TOTAL PERMIT FEE</b>   |      |   | <b>\$102.73</b> |

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 Inspections Phone: 503-526-2400 Inspections Email: cunderwood@beavertonoregon.gov  
**This Authorization To Begin Work must be posted at the job site until replaced by a Permit**



**City Of Beaverton**  
 12725 SW Millikan Way  
 Beaverton, OR 97076  
 Phone: 503-526-2542  
 Email: cunderwood@beavertonoregon.gov

**Commercial Electrical Authorization To Begin Work**

**05350-BEL-20-00539**

Approval Code: 05050G 7/31/2020 9:15 am

E-mailed To: cowlesrt@frontier.com

B2020-2752

| TYPE OF WORK                                     |   |
|--|---|
| <input type="checkbox"/> New Construction        | <input checked="" type="checkbox"/> Addition/alteration/replacement   |
| CATEGORY OF CONSTRUCTION                         |   |
| <input type="checkbox"/> 1 or 2 family dwelling  | <input type="checkbox"/> Multi-family <input checked="" type="checkbox"/> Commercial <input type="checkbox"/> Accessory |
| JOB SITE INFORMATION AND LOCATION                |   |
| Job Address: 12725 SW MILLIKAN WAY               |   |
| City/State/ZIP: BEAVERTON, OR 97005              |   |
| Suite/bldg./apt.no.: 400                         |   |
| Project Name:                                    |   |
| Cross Street/directions to job site:             |   |
| Tax map/parcel no.: 1S116AA08700                 |   |
| DESCRIPTION OF WORK                              |   |
| add to existing circuit an outlet for a desk     |   |
| APPLICANT  |   |
| Name: Richard Cowles                             |   |
| Phone: 5033572200                                | Fax: 5033572212   |
| Email:   |   |
| CONTRACTOR                                       |   |
| Elec lic. no.: 34-572C                           | CCB lic. no.: 159395  |
| Business Name: OES LLC                           |   |
| Contact:   |   |
| Address: 1820 POPLAR ST                          |   |
| City/State/ZIP: FOREST GROVE, OR 97116           |   |
| Phone: 5033572200                                | Fax: 5033572212   |
| Email: cowlesrt@frontier.com                     |   |
| Metro lic. no.:                                  | City lic. no.:  |
| Supervising Electrician's lic. no.:              |   |
| Supervising Electrician's Name:                  |   |
| Number of inspections included in paid services: |   |
| Residential Service:                             | 4   |
| Reconnect Only:                                  | 1   |
| All Other Services:                              | 2   |

| PLAN REVIEW   |   |   |  |
|---|---|---|--|
| Please check all that apply:  |   |   |  |
| <input type="checkbox"/> A service or feeder beginning at 400 Amps where the available fault current exceeds 10,000 Amps at 150 Volts or less to ground exceeds 14,000 Amps for all other | <input type="checkbox"/> Hazardous locations                            | <input type="checkbox"/> A service or feeder rated at 600 amps or more              | <input type="checkbox"/> Buildings more than three stor                        |
| <input type="checkbox"/> Fire pumps   | <input type="checkbox"/> Emergency systems                              | <input type="checkbox"/> Installation of a 150 KVA or larger separately derived sys | <input type="checkbox"/> "A", "E", or "I-2" or "I-3"                           |
| <input type="checkbox"/> Addition of a new motor load of 100 HP or more   | <input type="checkbox"/> Six or more residential units in one structure | <input type="checkbox"/> Recreational Vehicle Parks                                 | <input type="checkbox"/> Supply voltage for more than 600 supply volts nominal |
| <input type="checkbox"/> Health care facilities   |   |   |  |
| FEE SCHEDULE  |   |   |  |
| Description   | Qty.  | Ea.   | Total  |
| <b>Branch circuits</b>  |   |   |  |
| Branch circuits without service or feeder   | 1   | \$81.14   | \$81.14  |
| <b>Electrical Permit Fees</b>   |   |   |  |
| Subtotal  |   |   | \$81.14  |
| State surcharge (12% of permit total)   |   |   | \$9.74   |
| <b>TOTAL PERMIT FEE</b>   |   |   | <b>\$90.88</b>   |

Upon review and approval by your local jurisdiction, your permit will be e-mailed or faxed within one business day, with instructions on how to schedule your inspection.

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 Inspections Phone: 503-526-2400 Inspections Email: cunderwood@beavertonoregon.gov  
 This Authorization To Begin Work must be posted at the job site until replaced by a Permit



**City Of Beaverton**  
 12725 SW Millikan Way  
 Beaverton, OR 97076  
 Phone: 503-526-2542  
 Email: cundenwood@beavertonoregon.gov

**Commercial Electrical Authorization To Begin Work**

**05350-BEL-20-00538**

Approval Code: 07100G 7/31/2020 8:42 am

E-mailed To: cowlesrt@frontier.com

B2020-2751

| TYPE OF WORK   |   |
|--|---|
| <input type="checkbox"/> New Construction                                    | <input checked="" type="checkbox"/> Addition/alteration/replacement   |
| CATEGORY OF CONSTRUCTION   |   |
| <input type="checkbox"/> 1 or 2 family dwelling                              | <input type="checkbox"/> Multi-family <input checked="" type="checkbox"/> Commercial <input type="checkbox"/> Accessory |
| JOB SITE INFORMATION AND LOCATION  |   |
| Job Address: 9600 SW ALLEN BLVD  |   |
| City/State/ZIP: BEAVERTON, OR 97008  |   |
| Suite/bldg./apt.no.:   |   |
| Project Name:  |   |
| Cross Street/directions to job site:   |   |
| Tax map/parcel no.: 1S123BD00100   |   |
| DESCRIPTION OF WORK  |   |
| 2-240 volt 20 amp circuits and one 120 volt 20 amp circuit lighting exchange |   |
| APPLICANT  |   |
| Name: Richard Cowles   |   |
| Phone: 5033572200  | Fax: 5033572212   |
| Email:   |   |
| CONTRACTOR   |   |
| Elec lic. no.: 34-572C   | CCB lic. no.: 159395  |
| Business Name: OES LLC   |   |
| Contact:   |   |
| Address: 1820 POPLAR ST  |   |
| City/State/ZIP: FOREST GROVE, OR 97116                                       |   |
| Phone: 5033572200  | Fax: 5033572212   |
| Email: cowlesrt@frontier.com   |   |
| Metro lic. no.:  | City lic. no.:  |
| Supervising Electrician's lic. no.:  |   |
| Supervising Electrician's Name:  |   |
| Number of inspections included in paid services:                             |   |
| Residential Service:   | 4   |
| Reconnect Only:  | 1   |
| All Other Services:  | 2   |

| PLAN REVIEW   |   |
|---|---|
| Please check all that apply:  |   |
| <input type="checkbox"/> A service or feeder beginning at 400 Amps where the available fault current exceeds 10,000 Amps at 150 Volts or less to ground exceeds 14,000 Amps for all other | <input type="checkbox"/> Hazardous locations  |
| <input type="checkbox"/> Fire pumps   | <input type="checkbox"/> A service or feeder rated at 600 amps or more              |
| <input type="checkbox"/> Emergency systems  | <input type="checkbox"/> Buildings more than three stor                             |
| <input type="checkbox"/> Addition of a new motor load of 100 HP or more   | <input type="checkbox"/> Marinas and boat yards                                     |
| <input type="checkbox"/> Six or more residential units in one structure   | <input type="checkbox"/> Floating buildings   |
| <input type="checkbox"/> Health care facilities   | <input type="checkbox"/> Commercial-use agricultural buildings                      |
|   | <input type="checkbox"/> Installation of a 150 KVA or larger separately derived sys |
|   | <input type="checkbox"/> "A", "E", or "1-2" or "1-3"                                |
|   | <input type="checkbox"/> Recreational Vehicle Parks                                 |
|   | <input type="checkbox"/> Supply voltage for more than 600 supply volts nominal      |

| FEE SCHEDULE  |      |         |                 |
|---|------|---------|-----------------|
| Description   | Qty. | Ea.     | Total           |
| <b>Branch circuits</b>                                  |      |         |                 |
| Branch circuits without service or feeder               | 1    | \$81.14 | \$81.14         |
| Branch circuits each additional circuit without service | 2    | \$4.26  | \$8.52          |
| <b>Electrical Permit Fees</b>                           |      |         |                 |
| Subtotal  |      |         | \$89.66         |
| State surcharge (12% of permit total)                   |      |         | \$10.76         |
| <b>TOTAL PERMIT FEE</b>                                 |      |         | <b>\$100.42</b> |

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 Inspections Phone: 503-526-2400 Inspections Email: cundenwood@beavertonoregon.gov  
**This Authorization To Begin Work must be posted at the job site until replaced by a Permit**



**City Of Beaverton**  
 12725 SW Milkan Way  
 Beaverton, OR 97076  
 Phone: 503-526-2542  
 Email: cunderwood@beavertonoregon.gov

**Commercial Electrical Authorization To Begin Work**

**05350-BEL-20-00541**

Approval Code: 031721 7/31/2020 11:01 am

E-mailed To: william.stewart@wsfp.us

B2020-2754

| TYPE OF WORK   |   |
|--|---|
| <input type="checkbox"/> New Construction                  | <input checked="" type="checkbox"/> Addition/alteration/replacement |
| CATEGORY OF CONSTRUCTION                                   |   |
| <input type="checkbox"/> 1 or 2 family dwelling            | <input type="checkbox"/> Multi-family                               |
| <input type="checkbox"/> Commercial                        | <input type="checkbox"/> Accessory                                  |
| JOB SITE INFORMATION AND LOCATION                          |   |
| Job Address: 2213 SW 153RD DR                              |   |
| City/State/ZIP: BEAVERTON, OR 97006                        |   |
| Suite/bldg./apt.no.:                                       |   |
| Project Name: PGE Line Crew Ctr Office                     |   |
| Cross Street/directions to job site: Sw Jenkins            |   |
| Tax map/parcel no.: 1S108BA00200                           |   |
| DESCRIPTION OF WORK  |   |
| Replace fire alarm<br>Beaverton Building Permit B2020-0509 |   |
| APPLICANT  |   |
| Name: William Stewart                                      |   |
| Phone: 5036575155  | Fax:  |
| Email:   |   |
| CONTRACTOR   |   |
| Elec lic. no.: CLE108                                      | CCB lic. no.: 104570  |
| Business Name: WESTERN STATES FIRE PROTECTION COMPANY      |   |
| Contact:   |   |
| Address: 17500 SW 65TH AVE                                 |   |
| City/State/ZIP: LAKE OSWEGO, OR 97035                      |   |
| Phone: 5036575155  | Fax: 5036575182   |
| Email: LAUREN.BARSHAW@WSFP.US                              |   |
| Metro lic. no.:  | City lic. no.:  |
| Supervising Electrician's lic. no.:                        |   |
| Supervising Electrician's Name:                            |   |
| Number of inspections included in paid services:           |   |
| Residential Service:                                       | 4   |
| Reconnect Only:  | 1   |
| All Other Services:  | 2   |

| PLAN REVIEW   |   |   |  |
|---|---|---|--|
| Please check all that apply:  |   | <input type="checkbox"/> Hazardous locations  |  |
| <input type="checkbox"/> A service or feeder beginning at 400 Amps where the available fault current exceeds 10,000 Amps at 150 Volts or less to ground exceeds 14,000 Amps for all other | <input type="checkbox"/> A service or feeder rated at 600 amps or more  | <input type="checkbox"/> Buildings more than three stor                             | <input type="checkbox"/> Marinas and boat yards                                |
| <input type="checkbox"/> Fire pumps   | <input type="checkbox"/> Emergency systems                              | <input type="checkbox"/> Floating buildings   | <input type="checkbox"/> Commercial-use agricultural buildings                 |
| <input type="checkbox"/> Addition of a new motor load of 100 HP or more   | <input type="checkbox"/> Six or more residential units in one structure | <input type="checkbox"/> Installation of a 150 KVA or larger separately derived sys | <input type="checkbox"/> "A", "E", or "I-2" or "I-3"                           |
| <input type="checkbox"/> Health care facilities   | <input type="checkbox"/> Health care facilities                         | <input type="checkbox"/> Recreational Vehicle Parks                                 | <input type="checkbox"/> Supply voltage for more than 600 supply volts nominal |
| FEE SCHEDULE  |   |   |  |
| Description   | Qty.  | Ea.   | Total  |
| <b>Miscellaneous</b>  |   |   |  |
| Signal circuit(s) or limited-energy panel, alteration, or extension   | 1   | \$91.72   | \$91.72  |
| <b>Electrical Permit Fees</b>   |   |   |  |
| Subtotal  |   |   | \$91.72  |
| State surcharge (12% of permit total)   |   |   | \$11.01  |
| <b>TOTAL PERMIT FEE</b>   |   |   | <b>\$102.73</b>  |

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 Inspections Phone: 503-526-2400 Inspections Email: cunderwood@beavertonoregon.gov  
**This Authorization To Begin Work must be posted at the job site until replaced by a Permit**



**City Of Beaverton**  
 12725 SW Millkan Way  
 Beaverton, OR 97076  
 Phone: 503-526-2542  
 Email: cunderwood@beavertonoregon.gov

**Commercial Electrical Authorization To Begin Work**

**05350-BEL-20-00540**

Approval Code: 04410G 7/31/2020 9:28 am

E-mailed To: cowlesrt@frontier.com

B2020-2753

| TYPE OF WORK                                     |   |
|--|---|
| <input type="checkbox"/> New Construction        | <input checked="" type="checkbox"/> Addition/alteration/replacement   |
| CATEGORY OF CONSTRUCTION                         |   |
| <input type="checkbox"/> 1 or 2 family dwelling  | <input type="checkbox"/> Multi-family <input checked="" type="checkbox"/> Commercial <input type="checkbox"/> Accessory |
| JOB SITE INFORMATION AND LOCATION                |   |
| Job Address: 12725 SW MILLIKAN WAY               |   |
| City/State/ZIP: BEAVERTON, OR 97005              |   |
| Suite/bldg./apt.no.: 500                         |   |
| Project Name:                                    |   |
| Cross Street/directions to job site:             |   |
| Tax map/parcel no.: 1S116AA08700                 |   |
| DESCRIPTION OF WORK                              |   |
| add outlet to existing circuit in mayor's office |   |
| APPLICANT  |   |
| Name: Richard Cowles                             |   |
| Phone: 5033572200                                | Fax: 5033572212   |
| Email:   |   |
| CONTRACTOR                                       |   |
| Elec lic. no.: 34-572C                           | CCB lic. no.: 159395  |
| Business Name: OES LLC                           |   |
| Contact:   |   |
| Address: 1820 POPLAR ST                          |   |
| City/State/ZIP: FOREST GROVE, OR 97116           |   |
| Phone: 5033572200                                | Fax: 5033572212   |
| Email: cowlesrt@frontier.com                     |   |
| Metro lic. no.:                                  | City lic. no.:  |
| Supervising Electrician's lic. no.:              |   |
| Supervising Electrician's Name:                  |   |
| Number of inspections included in paid services: |   |
| Residential Service:                             | 4   |
| Reconnect Only:                                  | 1   |
| All Other Services:                              | 2   |

| PLAN REVIEW   |   |   |  |
|---|---|---|--|
| <b>Please check all that apply:</b>   |   | <input type="checkbox"/> Hazardous locations  |  |
| <input type="checkbox"/> A service or feeder beginning at 400 Amps where the available fault current exceeds 10,000 Amps at 150 Volts or less to ground exceeds 14,000 Amps for all other | <input type="checkbox"/> A service or feeder rated at 600 amps or more  | <input type="checkbox"/> Buildings more than three stor                             | <input type="checkbox"/> Marinas and boat yards                |
| <input type="checkbox"/> Fire pumps   | <input type="checkbox"/> Emergency systems                              | <input type="checkbox"/> Floating buildings   | <input type="checkbox"/> Commercial-use agricultural buildings |
| <input type="checkbox"/> Addition of a new motor load of 100 HP or more   | <input type="checkbox"/> Six or more residential units in one structure | <input type="checkbox"/> Installation of a 150 KVA or larger separately derived sys | <input type="checkbox"/> "A", "E", or "I-2" or "I-3"           |
| <input type="checkbox"/> Health care facilities   | <input type="checkbox"/> Recreational Vehicle Parks                     | <input type="checkbox"/> Supply voltage for more than 600 supply volts nominal      |  |
| FEE SCHEDULE  |   |   |  |
| Description   | Qty.  | Ea.   | Total  |
| <b>Branch circuits</b>  |   |   |  |
| Branch circuits without service or feeder   | 1   | \$81.14   | \$81.14  |
| <b>Electrical Permit Fees</b>   |   |   |  |
| Subtotal  |   |   | \$81.14  |
| State surcharge (12% of permit total)   |   |   | \$9.74   |
| <b>TOTAL PERMIT FEE</b>   |   |   | <b>\$90.88</b>   |

Upon review and approval by your local jurisdiction, your permit will be e-mailed or faxed within one business day, with instructions on how to schedule your inspection.

NOTE: This Authorization To Begin Work expires within 180 days if a permit is not obtained.

The local building department may determine that an Authorization To Begin Work is null and void if it does not meet applicable land use laws and local ordinances.

**This Authorization to Begin Work is not a permit, to schedule inspections you need a permit from City Of Beaverton**

**Inspections Phone: 503-526-2400 Inspections Email: cunderwood@beavertonoregon.gov**

**This Authorization To Begin Work must be posted at the job site until replaced by a Permit**



### Electrical Permit Application

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.: 52020-2719 |
| Date Issued: 7/30/2020 |                        |
| Payment Type:          |                        |

| TYPE OF WORK  |  |
|---|--|
| <input checked="" type="checkbox"/> New construction  | <input type="checkbox"/> Addition/alteration/replacement |
| <input type="checkbox"/> Other:   |  |
| CATEGORY OF CONSTRUCTION  |  |
| <input type="checkbox"/> 1- and 2-family dwelling   | <input type="checkbox"/> Commercial/industrial           |
| <input checked="" type="checkbox"/> Multi-family  | <input type="checkbox"/> Accessory building              |
| <input type="checkbox"/> Master builder   | <input type="checkbox"/> Other:                          |
| JOB SITE INFORMATION AND LOCATION   |  |
| Job no.:  | Job address: 4605 SW Main Ave                            |
| City/State/ZIP: Beaverton, OR 97005   |  |
| Suite/bldg/apt. no.:  | Project name: Mary Ann Apartments                        |
| Cross street/directions to job site:  |  |
| Subdivision:  | Lot no.:   |
| Tax map/parcel no.:   |  |
| DESCRIPTION OF WORK   |  |
| Requesting for underground inspection:  |  |
| <input type="checkbox"/> PROPERTY OWNER   | <input type="checkbox"/> TENANT                          |
| Name:   |  |
| Address:  |  |
| City/State/ZIP:   |  |
| Phone:  | Fax:   |
| E-mail:   |  |
| Owner installation: This installation is being made on property that I own, which is not intended for sale, lease, rent, or exchange. |  |
| Owner signature: _____ Date: _____  |  |
| <input type="checkbox"/> APPLICANT  | <input type="checkbox"/> CONTACT PERSON                  |
| Business name:  |  |
| Contact name:   |  |
| Address:  |  |
| City/State/ZIP:   |  |
| Phone:  | Fax:   |
| E-mail:   |  |
| CONTRACTOR  |  |
| Business name: Three Phase Electric   |  |
| Address: 11490 SE Jennifer St   |  |
| City/State/ZIP: Clackamas, OR 97015   |  |
| Phone: (503) 908-8058   | Fax: (503) 762-1823                                      |
| E-mail: permits@threephaseelectric.c  | CCB lic. no.: 162368                                     |
| Electrical lic. no.: 3-332C   | City or metro lic.: 8366                                 |
| Supervising electrician signature, required: Robert Lane 63795  |  |
| Print name: Robert Lane   | Date: 07/29/20   |
| Authorized signature:   |  |
| Print name: Gall Evans  | Date: 07/29/20   |

| PLAN REVIEW   |  |  |  |
|---|--|--|--|
| Please check all that apply:  |  | <input type="checkbox"/> Service or feeder over 600 amps       |  |
| <input type="checkbox"/> Service or feeder 400amps or more                          | <input type="checkbox"/> Building over three stories   | <input type="checkbox"/> Marinas and boatyards                 | <input type="checkbox"/> Floating buildings  |
| <input type="checkbox"/> Fire pump  | <input type="checkbox"/> Emergency system              | <input type="checkbox"/> Commercial-use agricultural buildings | <input type="checkbox"/> Installation of 150 KVA or larger separately derived system |
| <input type="checkbox"/> Addition of new motor load of 100HP or more                | <input type="checkbox"/> Six or more residential units | <input type="checkbox"/> "A," "E," "I-2," "I-3" occupancy      | <input type="checkbox"/> Recreational vehicle parks                                  |
| <input type="checkbox"/> Health-care facilities                                     | <input type="checkbox"/> Hazardous locations           |  |  |
| FEE SCHEDULE  |  |  |  |
| Description   | Qty.   | Fee  | Total  |
| <b>Residential single- or multi-family dwelling unit (includes attached garage)</b> |  |  |  |
| 1,000 sq. ft. or less   |  | 194.64   | 4  |
| Ea. add'l 500 sq. ft. or portion  |  | 34.77  |  |
| Limited energy, residential (with above sq. ft.)                                    |  | 46.42  | 2  |
| Limited energy, multi-family residential (with above sq. ft.)                       |  | 91.72  | 2  |
| <b>Services or feeders installation, alteration, and/or relocation</b>              |  |  |  |
| 200 amps or less  |  | 115.83   | 2  |
| 201 amps to 400 amps  |  | 137.89   | 2  |
| 401 amps to 600 amps  |  | 229.34   | 2  |
| 601 amps to 1,000 amps  |  | 299.93   | 2  |
| Over 1,000 amps or volts  |  | 690.22   | 2  |
| Utility reconnect   |  | 91.72  | 1  |
| <b>Temporary services or feeders installation, alteration, and/or relocation</b>    |  |  |  |
| 200 amps or less  |  | 91.72  | 2  |
| 201 amps to 400 amps  |  | 127.41   | 2  |
| 401 amps to 600 amps  |  | 184.11   | 2  |
| 601 amps to 1,000 amps  |  | 225.29   | 2  |
| <b>Branch circuits - new, alteration, or extension, per panel</b>                   |  |  |  |
| A. Fee for branch circuits with above service or feeder fee, each branch circuit    |  | 4.26   | 2  |
| B. Fee for branch circuits without service or feeder fee, first branch circuit      | 1  | 81.14  | 81.14 2  |
| Each add'l branch circuit   |  | 4.26   |  |
| <b>Miscellaneous (service or feeder not included)</b>                               |  |  |  |
| Each manufactured or modular dwelling, service, and/or feeder                       |  | 91.72  | 2  |
| Pump or irrigation circle   |  | 91.72  | 2  |
| Sign or outline lighting  |  | 91.72  | 2  |
| Signal circuit(s) or limited-energy panel, alteration, or extension. Describe:      |  | 91.72  | 2  |
| Each additional inspection over allowable in any of the above                       |  |  |  |
| Per inspection  |  | 81.14  |  |
| Investigation fee   |  |  |  |
| Other:  |  |  |  |
| Electrical permit fees:   |  |  |  |
| <b>SUBTOTAL</b>   |  |  | 81.14  |
| Plan review (25% of permit fee)   |  |  |  |
| State surcharge (12% of permit fee)   |  |  | 9.74   |
| <b>TOTAL PERMIT FEE</b>   |  |  | <b>\$90.88</b>   |

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete.  
 \* Number of inspections allowed per permit.  
 Form 070-1002 REV 10/17



# Electrical Permit Application

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: 07/21/2020           | Permit No.: B2020-2572 |
| Date Issued: 7-29-20                | By: <i>JK</i>          |
| CITY OF BEAVERTON BUILDING DIVISION |                        |
| Payment Type: <i>Visa</i>           |                        |

| TYPE OF WORK  |   |
|---|---|
| <input type="checkbox"/> New construction   | <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"/> Multi-family   | <input type="checkbox"/> Accessory building                         |
| <input type="checkbox"/> Master builder <input type="checkbox"/> Other:   |   |
| JOB SITE INFORMATION AND LOCATION   |   |
| Job no.: 4647 OC  | Job address: 10975 SW BEAVERTON HILLDALE HWY                        |
| City/State/ZIP: BEAVERTON OR 97005  |   |
| Suite/bldg./apt. no.:   | Project name:   |
| Cross street/directions to job site:  |   |
| Subdivision:  | Lot no.:  |
| Tax map/parcel no.:   |   |
| DESCRIPTION OF WORK   |   |
| FUEL DISPENSER SWAP USING EXISTING HOMERUN WIRES AND NO BREAKING OF SEAL OFFS   |   |
| <input type="checkbox"/> PROPERTY OWNER   | <input type="checkbox"/> TENANT                                     |
| Name:   |   |
| Address:  |   |
| City/State/ZIP:   |   |
| Phone:  | Fax:  |
| E-mail:   |   |
| Owner Installation: This installation is being made on property that I own, which is not intended for sale, lease, rent, or exchange. |   |
| Owner signature: _____  | Date: _____   |
| <input type="checkbox"/> APPLICANT  | <input type="checkbox"/> CONTACT PERSON                             |
| Business name:  |   |
| Contact name:   |   |
| Address:  |   |
| City/State/ZIP:   |   |
| Phone:  | Fax:  |
| E-mail:   |   |
| CONTRACTOR  |   |
| Business name: BOYLES ELECTRIC, INC   |   |
| Address: PO BOX 1227  |   |
| City/State/ZIP: BORING OR 97009   |   |
| Phone: (503) 663-2628   | Fax: (503) 663-9048   |
| E-mail: BYELEC@FRONTIER.COM   | CCB lic. no.: 137002  |
| Electrical lic. no.: 3-465C   | City or metro lic.: 6498  |
| Supervising electrician signature, required: <i>J.E. Boyles</i>   |   |
| Print name: JOHN E. BOYLES  | Date: 07/21/20  |
| Authorized signature: _____   |   |
| Print name: _____   | Date: _____   |

| PLAN REVIEW  |  |  |  |  |
|--|--|--|--|--|
| Please check all that apply:   |  |  |  |  |
| <input type="checkbox"/> Service or feeder 400amps or more                       | <input type="checkbox"/> Service or feeder over 600 amps | <input type="checkbox"/> Building over three stories                 | <input type="checkbox"/> Marinas and boatyards                 | <input type="checkbox"/> Floating buildings  |
| <input type="checkbox"/> Fire pump   | <input type="checkbox"/> Emergency system                | <input type="checkbox"/> Addition of new motor load of 100HP or more | <input type="checkbox"/> Commercial-use agricultural buildings | <input type="checkbox"/> Installation of 150 KVA or larger separately derived system |
| <input type="checkbox"/> Six or more residential units                           | <input type="checkbox"/> Health-care facilities          | <input checked="" type="checkbox"/> Hazardous locations              | <input type="checkbox"/> "A," "E," "I-2," "I-3" occupancy      | <input type="checkbox"/> Recreational vehicle parks                                  |
| FEE SCHEDULE   |  |  |  |  |
| Description  | Qty.   | Fee  | Total  | *  |
| <b>Residential single- or multi-family dwelling unit</b>                         |  |  |  |  |
| Includes attached garage   |  |  |  |  |
| 1,000 sq. ft. or less  |  | 194.64   |  | 4  |
| Ea. add'l 500 sq. ft. or portion   |  | 34.77  |  |  |
| Limited energy, residential (with above sq. ft.)                                 |  | 46.42  |  | 2  |
| Limited energy, multi-family residential (with above sq. ft.)                    |  | 91.72  |  | 2  |
| <b>Services or feeders installation, alteration, and/or relocation</b>           |  |  |  |  |
| 200 amps or less   |  | 115.83   |  | 2  |
| 201 amps to 400 amps   |  | 137.89   |  | 2  |
| 401 amps to 600 amps   |  | 229.34   |  | 2  |
| 601 amps to 1,000 amps   |  | 299.93   |  | 2  |
| Over 1,000 amps or volts   |  | 690.22   |  | 2  |
| Utility reconnect  |  | 91.72  |  | 1  |
| <b>Temporary services or feeders installation, alteration, and/or relocation</b> |  |  |  |  |
| 200 amps or less   |  | 91.72  |  | 2  |
| 201 amps to 400 amps   |  | 127.41   |  | 2  |
| 401 amps to 600 amps   |  | 184.11   |  | 2  |
| 601 amps to 1,000 amps   |  | 225.29   |  | 2  |
| <b>Branch circuits - new, alteration, or extension, per panel</b>                |  |  |  |  |
| A. Fee for branch circuits with above service or feeder fee, each branch circuit |  | 4.26   |  | 2  |
| B. Fee for branch circuits without service or feeder fee, first branch circuit   | 1  | 81.14  | 81.14  | 2  |
| Each add'l branch circuit  | 4  | 4.26   | 17.04  |  |
| <b>Miscellaneous (service or feeder not included)</b>                            |  |  |  |  |
| Each manufactured or modular dwelling, service, and/or feeder                    |  | 91.72  |  | 2  |
| Pump or irrigation circle  |  | 91.72  |  | 2  |
| Sign or outline lighting   |  | 91.72  |  | 2  |
| Signal circuit(s) or limited-energy panel, alteration, or extension. Describe:   |  | 91.72  |  | 2  |
| <b>Each additional inspection over allowable in any of the above</b>             |  |  |  |  |
| Per inspection   |  | 81.14  |  |  |
| Investigation fee  |  |  |  |  |
| Other:   |  |  |  |  |
| Electrical permit fees   |  |  |  |  |
| <b>SUBTOTAL</b>  |  |  | 98.18  |  |
| Plan review (25% of permit fee)  |  |  | 24.55  |  |
| State surcharge (12% of permit fee)  |  |  | 11.78  |  |
| <b>TOTAL PERMIT FEE</b>  |  |  | <b>\$109.96</b>  |  |

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

\* Number of inspections allowed per permit.  
 Form B70-1002 REV 10/17



**City Of Beaverton**  
 12725 SW Millikan Way  
 Beaverton, OR 97076  
 Phone: 503-526-2542  
 Email: cunderwood@beavertonoregon.gov

**Residential Electrical Authorization To Begin Work**

**05350-BEL-20-00532**

Approval Code: 173497 7/29/2020 1:33 pm

E-mailed To: PERMITS@CHRISTENSON.COM

B2020-2714

| TYPE OF WORK   |   |
|--|---|
| <input type="checkbox"/> New Construction              | <input checked="" type="checkbox"/> Addition/alteration/replacement   |
| CATEGORY OF CONSTRUCTION                               |   |
| <input type="checkbox"/> 1 or 2 family dwelling        | <input checked="" type="checkbox"/> Multi-family <input type="checkbox"/> Commercial <input type="checkbox"/> Accessory |
| JOB SITE INFORMATION AND LOCATION                      |   |
| Job Address: 16345 NW SCHENDEL AVE                     |   |
| City/State/ZIP: BEAVERTON, OR 97006                    |   |
| Suite/bldg./apt.no.: J                                 |   |
| Project Name: HUNTERS RUN                              |   |
| Cross Street/directions to job site:                   |   |
| Tax map/parcel no.: 1S105BB00700                       |   |
| DESCRIPTION OF WORK                                    |   |
| Pulling 2 Multi-Meter boxes all attached. To Bldg #10. |   |
| APPLICANT  |   |
| Name: Christenson 28269                                |   |
| Phone: 5034193300                                      | Fax: 5034193333   |
| Email:   |   |
| CONTRACTOR   |   |
| Elec lic. no.: 26-34C                                  | CCB lic. no.: 458   |
| Business Name: CHRISTENSON ELECTRIC INC                |   |
| Contact:   |   |
| Address: 17201 NE SACRAMENTO ST                        |   |
| City/State/ZIP: PORTLAND, OR 97230                     |   |
| Phone: 5034193300                                      | Fax: 5034193333   |
| Email: marljo.beckman@christenson.com                  |   |
| Metro lic. no.:  | City lic. no.:  |
| Supervising Electrician's lic. no.:                    |   |
| Supervising Electrician's Name:                        |   |
| Number of inspections included in paid services:       |   |
| Residential Service:                                   | 4   |
| Reconnect Only:  | 1   |
| All Other Services:                                    | 2   |

| PLAN REVIEW   |   |  |  |
|---|---|--|--|
| <b>Please check all that apply:</b>   |   | <input type="checkbox"/> Hazardous locations                                   |  |
| <input type="checkbox"/> A service or feeder beginning at 400 Amps where the available fault current exceeds 10,000 Amps at 150 Volts or less to ground exceeds 14,000 Amps for all other | <input type="checkbox"/> A service or feeder rated at 600 amps or more              | <input type="checkbox"/> Buildings more than three stor                        | <input type="checkbox"/> Marinas and boat yards                |
| <input type="checkbox"/> Fire pumps   | <input type="checkbox"/> Emergency systems  | <input type="checkbox"/> Floating buildings                                    | <input type="checkbox"/> Commercial-use agricultural buildings |
| <input type="checkbox"/> Addition of a new motor load of 100 HP or more   | <input type="checkbox"/> Installation of a 150 KVA or larger separately derived sys | <input type="checkbox"/> "A", "E", or "I-2" or "I-3"                           | <input type="checkbox"/> Recreational Vehicle Parks            |
| <input type="checkbox"/> Six or more residential units in one structure   | <input type="checkbox"/> Health care facilities                                     | <input type="checkbox"/> Supply voltage for more than 600 supply volts nominal |  |
| FEE SCHEDULE  |   |  |  |
| Description   | Qty.  | Ea.  | Total  |
| Services or feeders   |   |  |  |
| Services 200 amps or less   | 2   | \$115.83   | \$231.66   |
| Reconnect only  | 2   | \$91.72  | \$183.44   |
| Electrical Permit Fees  |   |  |  |
| Subtotal  |   |  | \$415.10   |
| State surcharge (12% of permit total)   |   |  | \$49.81  |
| <b>TOTAL PERMIT FEE</b>   |   |  | <b>\$464.91</b>  |

Upon review and approval by your local jurisdiction, your permit will be e-mailed or faxed within one business day, with instructions on how to schedule your inspection.

NOTE: This Authorization To Begin Work expires within 180 days if a permit is not obtained.

The local building department may determine that an Authorization To Begin Work is null and void if it does not meet applicable land use laws and local ordinances.

**This Authorization to Begin Work is not a permit, to schedule inspections you need a permit from City Of Beaverton**  
 Inspections Phone: 503-526-2400 Inspections Email: cunderwood@beavertonoregon.gov  
 This Authorization To Begin Work must be posted at the job site until replaced by a Permit



**City Of Beaverton**  
 12725 SW Millkan Way  
 Beaverton, OR 97076  
 Phone: 503-526-2542  
 Email: cunderwood@beavertonoregon.gov

**Commercial Electrical Authorization To Begin Work**

**05350-BEL-20-00534**

Approval Code: 819214 7/29/2020 4:41 pm

E-mailed To: courtneyg@adkelectricinc.com

B2020-2716

| TYPE OF WORK                                     |   |
|--|---|
| <input type="checkbox"/> New Construction        | <input checked="" type="checkbox"/> Addition/alteration/replacement |
| CATEGORY OF CONSTRUCTION                         |   |
| <input type="checkbox"/> 1 or 2 family dwelling  | <input type="checkbox"/> Multi-family                               |
| <input checked="" type="checkbox"/> Commercial   | <input type="checkbox"/> Accessory                                  |
| JOB SITE INFORMATION AND LOCATION                |   |
| Job Address: 10750 SW DENNEY RD                  |   |
| City/State/ZIP: BEAVERTON, OR 97008              |   |
| Suite/bldg./apt.no.:                             |   |
| Project Name: Power for 2nd machine              |   |
| Cross Street/directions to job site:             |   |
| Tax map/parcel no.: 1S122DA00301                 |   |
| DESCRIPTION OF WORK                              |   |
| Power for 2nd machine                            |   |
| APPLICANT  |   |
| Name: Courtney Gregg                             |   |
| Phone: 3605465155                                | Fax:  |
| Email:   |   |
| CONTRACTOR                                       |   |
| Elec lic. no.: 37-934C                           | CCB lic. no.: 148882  |
| Business Name: ADK ELECTRIC INC                  |   |
| Contact:   |   |
| Address: PO BOX 2676                             |   |
| City/State/ZIP: BATTLE GROUND, WA 98604          |   |
| Phone: 3606660153                                | Fax: 3605766975   |
| Email: ap@teamadk.com                            |   |
| Metro lic. no.:                                  | City lic. no.:  |
| Supervising Electrician's lic. no.:              |   |
| Supervising Electrician's Name:                  |   |
| Number of inspections included in paid services: |   |
| Residential Service:                             | 4   |
| Reconnect Only:                                  | 1   |
| All Other Services:                              | 2   |

| PLAN REVIEW   |   |  |  |
|---|---|--|--|
| <b>Please check all that apply:</b>   |   | <input type="checkbox"/> Hazardous locations                                   |  |
| <input type="checkbox"/> A service or feeder beginning at 400 Amps where the available fault current exceeds 10,000 Amps at 150 Volts or less to ground exceeds 14,000 Amps for all other | <input type="checkbox"/> A service or feeder rated at 600 amps or more              | <input type="checkbox"/> Buildings more than three stor                        | <input type="checkbox"/> Marinas and boat yards                |
| <input type="checkbox"/> Fire pumps   | <input type="checkbox"/> Emergency systems  | <input type="checkbox"/> Floating buildings                                    | <input type="checkbox"/> Commercial-use agricultural buildings |
| <input type="checkbox"/> Addition of a new motor load of 100 HP or more   | <input type="checkbox"/> Installation of a 150 KVA or larger separately derived sys | <input type="checkbox"/> "A", "E", or "I-2" or "I-3"                           | <input type="checkbox"/> Recreational Vehicle Parks            |
| <input type="checkbox"/> Six or more residential units in one structure   | <input type="checkbox"/> Health care facilities                                     | <input type="checkbox"/> Supply voltage for more than 600 supply volts nominal |  |
| FEE SCHEDULE  |   |  |  |
| Description   | Qty.  | Ea.  | Total  |
| <b>Branch circuits</b>  |   |  |  |
| Branch circuits without service or feeder   | 1   | \$81.14  | \$81.14  |
| <b>Electrical Permit Fees</b>   |   |  |  |
| Subtotal  |   |  | \$81.14  |
| State surcharge (12% of permit total)   |   |  | \$9.74   |
| <b>TOTAL PERMIT FEE</b>   |   |  | <b>\$90.88</b>   |

Upon review and approval by your local jurisdiction, your permit will be e-mailed or faxed within one business day, with instructions on how to schedule your inspection.

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**This Authorization to Begin Work is not a permit, to schedule inspections you need a permit from City Of Beaverton**  
 Inspections Phone: 503-526-2400 Inspections Email: cunderwood@beavertonoregon.gov  
 This Authorization To Begin Work must be posted at the job site until replaced by a Permit



### Electrical Permit Application

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

| OFFICE USE ONLY               |                               |
|-------------------------------|-------------------------------|
| Date Received: <u>7-23-20</u> | Permit No.: <u>B2020-2625</u> |
| Date Issued: <u>7-23-20</u>   | By: <u>JUL</u>                |
| Payment Type: <u>MC</u>       |                               |

| TYPE OF WORK  |  |
|---|--|
| <input type="checkbox"/> New construction   | <input type="checkbox"/> Addition/alteration/replacement |
| <input checked="" type="checkbox"/> Other: adding a 20ft 208V 3 phase 30 amp serv   |  |
| CATEGORY OF CONSTRUCTION  |  |
| <input checked="" type="checkbox"/> 1- and 2-family dwelling  | <input type="checkbox"/> Commercial/Industrial           |
| <input type="checkbox"/> Multi-family   | <input type="checkbox"/> Accessory building              |
| <input type="checkbox"/> Master builder <input type="checkbox"/> Other:   |  |
| JOB SITE INFORMATION AND LOCATION   |  |
| Job no.:  | Job address: <u>7141 SW 156th Ave</u>                    |
| City/State/ZIP: <u>Beaverton OR 97007</u>   |  |
| Suite/bldg./apl. no.:   | Project name: <u>AC unit branch circuit w/in</u>         |
| Cross street/directions to job site: <u>SW 156th &amp; SW Cynthia LN</u>  |  |
| Subdivision: <u>Melinda</u>   | Lot no.: <u>57</u>                                       |
| Tax map/parcel no.: <u>1S120CA07300</u>   |  |
| DESCRIPTION OF WORK   |  |
| Installation of a 20ft 208V 3 phase 30 amp service from the breaker panel to the Lennox AC unit.                                      |  |
| <input checked="" type="checkbox"/> PROPERTY OWNER  | <input type="checkbox"/> TENANT                          |
| Name: <u>Curtis J. Gouverneur</u>   |  |
| Address: <u>7141 SW 156th Ave.</u>  |  |
| City/State/ZIP: <u>Beaverton OR 97007</u>   |  |
| Phone: <u>(971) 563-4856</u>  | Fax:   |
| E-mail: <u>crgouverneur@gmail.com</u>   |  |
| Owner installation: This installation is being made on property that I own, which is not intended for sale, lease, rent, or exchange. |  |
| Owner signature: <u>Curtis J. Gouverneur</u>  | Date: <u>07/22/20</u>                                    |
| <input type="checkbox"/> APPLICANT  | <input type="checkbox"/> CONTACT PERSON                  |
| Business name:  |  |
| Contact name:   |  |
| Address:  |  |
| City/State/ZIP:   |  |
| Phone:  | Fax:   |
| E-mail:   |  |
| CONTRACTOR  |  |
| Business name:  |  |
| Address:  |  |
| City/State/ZIP:   |  |
| Phone:  | Fax:   |
| E-mail:   | CCB lic. no.:  |
| Electrical lic. no.:  | City or metro lic.:                                      |
| Supervising electrician signature, required:  |  |
| Print name:   | Date:  |
| Authorized signature:   |  |
| Print name:   | Date:  |

| PLAN REVIEW   |  |        |                |
|---|--|--------|----------------|
| Please check all that apply:  |  |        |                |
| <input type="checkbox"/> Service or feeder 400amps or more                        | <input type="checkbox"/> Service or feeder over 600 amps                             |        |                |
| <input type="checkbox"/> Fire pump  | <input type="checkbox"/> Building over three stories                                 |        |                |
| <input type="checkbox"/> Emergency system   | <input type="checkbox"/> Marinas and boatyards                                       |        |                |
| <input type="checkbox"/> Addition of new motor load of 100HP or more              | <input type="checkbox"/> Floating buildings  |        |                |
| <input type="checkbox"/> Six or more residential units                            | <input type="checkbox"/> Commercial-use agricultural buildings                       |        |                |
| <input type="checkbox"/> Health-care facilities                                   | <input type="checkbox"/> Installation of 150 KVA or larger separately derived system |        |                |
| <input type="checkbox"/> Hazardous locations                                      | <input type="checkbox"/> "A," "E," "F2," "F3" occupancy                              |        |                |
|   | <input type="checkbox"/> Recreational vehicle parks                                  |        |                |
| FEE SCHEDULE  |  |        |                |
| Description   | Qty.   | Fee    | Total          |
| <b>Residential single- or multi-family dwelling unit includes attached garage</b> |  |        |                |
| 1,000 sq. ft. or less   |  | 194.64 | 4              |
| Ea. add'l 500 sq. ft. or portion  |  | 34.77  |                |
| Limited energy, residential (with above sq. ft.)                                  |  | 46.42  | 2              |
| Limited energy, multi-family residential (with above sq. ft.)                     |  | 91.72  | 2              |
| <b>Services or feeders installation, alteration, and/or relocation</b>            |  |        |                |
| 200 amps or less  |  | 115.83 | 2              |
| 201 amps to 400 amps  |  | 137.89 | 2              |
| 401 amps to 600 amps  |  | 229.34 | 2              |
| 601 amps to 1,000 amps  |  | 299.93 | 2              |
| Over 1,000 amps or volts  |  | 690.22 | 2              |
| Utility reconnect   |  | 91.72  | 1              |
| <b>Temporary services or feeders installation, alteration, and/or relocation</b>  |  |        |                |
| 200 amps or less  |  | 91.72  | 2              |
| 201 amps to 400 amps  |  | 127.41 | 2              |
| 401 amps to 600 amps  |  | 184.11 | 2              |
| 601 amps to 1,000 amps  |  | 225.29 | 2              |
| <b>Branch circuits - new, alteration, or extension, per panel</b>                 |  |        |                |
| A. Fee for branch circuits with above service or feeder fee, each branch circuit  |  | 4.26   | 2              |
| B. Fee for branch circuits without service or feeder fee, first branch circuit    | 1  | 81.14  | 81.14          |
| Each add'l branch circuit   |  | 4.26   |                |
| <b>Miscellaneous (service or feeder not included)</b>                             |  |        |                |
| Each manufactured or modular dwelling, service, and/or feeder                     |  | 91.72  | 2              |
| Pump or irrigation circle   |  | 91.72  | 2              |
| Sign or outline lighting  |  | 91.72  | 2              |
| Signal circuit(s) or limited-energy panel, alteration, or extension. Describe:    |  | 91.72  | 2              |
| <b>Each additional inspection over allowable in any of the above</b>              |  |        |                |
| Per inspection  |  | 81.14  |                |
| Investigation fee   |  |        |                |
| Other:  |  |        |                |
| Electrical permit fees  |  |        |                |
| <b>SUBTOTAL</b>   |  |        | <b>81.14</b>   |
| Plan review (25% of permit fee)   |  |        |                |
| State surcharge (12% of permit fee)   |  |        | 9.74           |
| <b>TOTAL PERMIT FEE</b>   |  |        | <b>\$90.88</b> |

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete.  
 \* Number of inspections allowed per permit.  
 REV 10/17



**City Of Beaverton**  
 12725 SW Millkan Way  
 Beaverton, OR 97076  
 Phone: 503-526-2542  
 Email: cunderwood@beavertonoregon.gov

**Commercial Electrical Authorization To Begin Work**

**05350-BEL-20-00519**

Approval Code: 903283 7/23/2020 7:38 am

E-mailed To: courtneyr@teamadk.com

*B2020-2627*

| TYPE OF WORK   |   |
|--|---|
| <input type="checkbox"/> New Construction                    | <input checked="" type="checkbox"/> Addition/alteration/replacement   |
| CATEGORY OF CONSTRUCTION                                     |   |
| <input type="checkbox"/> 1 or 2 family dwelling              | <input type="checkbox"/> Multi-family <input checked="" type="checkbox"/> Commercial <input type="checkbox"/> Accessory |
| JOB SITE INFORMATION AND LOCATION                            |   |
| Job Address: 10750 SW DENNEY RD                              |   |
| City/State/ZIP: BEAVERTON, OR 97008                          |   |
| Suite/bldg./apt.no.:   |   |
| Project Name: Power for new machine <i>Tillamook Country</i> |   |
| Cross Street/directions to job site: <i>Smoker</i>           |   |
| Tax map/parcel no.: 1S122DA00301                             |   |
| DESCRIPTION OF WORK  |   |
| (1) 120v circuit and (1) 3 phase 50A circuit                 |   |
| APPLICANT  |   |
| Name: Courtney Reynolds                                      |   |
| Phone: 3605465155  | Fax:  |
| Email:   |   |
| CONTRACTOR   |   |
| Elec lic. no.: 37-934C                                       | CCB lic. no.: 148882  |
| Business Name: ADK ELECTRIC INC                              |   |
| Contact:   |   |
| Address: PO BOX 2676   |   |
| City/State/ZIP: BATTLE GROUND, WA 98604                      |   |
| Phone: 3606660153  | Fax: 3605766975   |
| Email: ap@teamadk.com  |   |
| Metro lic. no.:  | City lic. no.:  |
| Supervising Electrician's lic. no.:                          |   |
| Supervising Electrician's Name:                              |   |
| Number of inspections included in paid services:             |   |
| Residential Service:   | 4   |
| Reconnect Only:  | 1   |
| All Other Services:  | 2   |

| PLAN REVIEW   |   |
|---|---|
| Please check all that apply:  |   |
| <input type="checkbox"/> A service or feeder beginning at 400 Amps where the available fault current exceeds 10,000 Amps at 150 Volts or less to ground exceeds 14,000 Amps for all other | <input type="checkbox"/> Hazardous locations  |
| <input type="checkbox"/> Fire pumps   | <input type="checkbox"/> A service or feeder rated at 600 amps or more              |
| <input type="checkbox"/> Emergency systems  | <input type="checkbox"/> Buildings more than three stor                             |
| <input type="checkbox"/> Addition of a new motor load of 100 HP or more   | <input type="checkbox"/> Marinas and boat yards                                     |
| <input type="checkbox"/> Six or more residential units in one structure   | <input type="checkbox"/> Floating buildings   |
| <input type="checkbox"/> Health care facilities   | <input type="checkbox"/> Commercial-use agricultural buildings                      |
|   | <input type="checkbox"/> Installation of a 150 KVA or larger seperately derived sys |
|   | <input type="checkbox"/> "A", "E", or "I-2" or "I-3"                                |
|   | <input type="checkbox"/> Recreational Vehicle Parks                                 |
|   | <input type="checkbox"/> Supply voltage for more than 600 supply volts nominal      |

| FEE SCHEDULE  |      |         |                |
|---|------|---------|----------------|
| Description   | Qty. | Ea.     | Total          |
| <b>Branch circuits</b>                                  |      |         |                |
| Branch circuits without service or feeder               | 1    | \$81.14 | \$81.14        |
| Branch circuits each additional circuit without service | 1    | \$4.26  | \$4.26         |
| <b>Electrical Permit Fees</b>                           |      |         |                |
| Subtotal  |      |         | \$85.40        |
| State surcharge (12% of permit total)                   |      |         | \$10.25        |
| <b>TOTAL PERMIT FEE</b>                                 |      |         | <b>\$95.65</b> |

Upon review and approval by your local jurisdiction, your permit will be e-mailed or faxed within one business day, with instructions on how to schedule your inspection.

NOTE: This Authorization To Begin Work expires within 180 days if a permit is not obtained.

The local building department may determine that an Authorization To Begin Work is null and void if it does not meet applicable land use laws and local ordinances.

**This Authorization to Begin Work is not a permit, to schedule inspections you need a permit from City Of Beaverton**  
 Inspections Phone: 503-526-2400 Inspections Email: cunderwood@beavertonoregon.gov  
 This Authorization To Begin Work must be posted at the job site until replaced by a Permit



# Electrical Permit Application

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

| OFFICE USE ONLY               |                               |
|-------------------------------|-------------------------------|
| Date Received: <u>7-23-20</u> | Permit No.: <u>B2020-2633</u> |
| Date Issued: <u>7-23-20</u>   | By: <u>MU</u>                 |
| Payment Type: <u>Disc</u>     |                               |

| TYPE OF WORK  |   |
|---|---|
| <input type="checkbox"/> New construction   | <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"/> Multi-family   | <input type="checkbox"/> Accessory building                         |
| <input type="checkbox"/> Master builder   |   |
| <input type="checkbox"/> Other:   |   |
| JOB SITE INFORMATION AND LOCATION   |   |
| Job no.:  | Job address: <u>8355 SW Davies Road</u>                             |
| City/State/ZIP: <u>Beaverton OR 97008</u>   |   |
| Suite/bldg./apt. no.:   | Project name:   |
| Cross street/directions to job site: <u>Brockman and Davies</u>   |   |
| Subdivision:  | Lot no.:  |
| Tax map/parcel no.:   |   |
| DESCRIPTION OF WORK   |   |
| <u>Adding 8 outlets and 3 lights to sunroom addition</u>  |   |
| <input checked="" type="checkbox"/> PROPERTY OWNER  | <input type="checkbox"/> TENANT                                     |
| Name: <u>Wolter and Barbara van Doorninck</u>   |   |
| Address: <u>8355 SW Davies Road</u>   |   |
| City/State/ZIP: <u>Beaverton OR 97008</u>   |   |
| Phone: <u>(503) 708-0731</u>  | Fax:  |
| E-mail: <u>wvd256@gmail.com</u>   |   |
| Owner installation: This installation is being made on property that I own, which is not intended for sale, lease, rent, or exchange. |   |
| Owner signature: _____  | Date: <u>07/23/20</u>   |
| <input checked="" type="checkbox"/> APPLICANT   | <input type="checkbox"/> CONTACT PERSON                             |
| Business name:  |   |
| Contact name: <u>owner</u>  |   |
| Address:  |   |
| City/State/ZIP:   |   |
| Phone:  | Fax:  |
| E-mail:   |   |
| CONTRACTOR  |   |
| Business name: <u>owner</u>   |   |
| Address:  |   |
| City/State/ZIP:   |   |
| Phone:  | Fax:  |
| E-mail:   | CCB lic. no.:   |
| Electrical lic. no.:  | City or metro lic.:   |
| Supervising electrician signature, required:  |   |
| Print name:   | Date:   |
| Authorized signature: _____   |   |
| Print name: <u>Wolter van Doorninck</u>   | Date: <u>07/23/20</u>   |

| PLAN REVIEW   |  |        |              |                  |
|---|--|--------|--------------|------------------|
| Please check all that apply:  |  |        |              |                  |
| <input type="checkbox"/> Service or feeder 400amps or more                        | <input type="checkbox"/> Service or feeder over 600 amps.                            |        |              |                  |
| <input type="checkbox"/> Fire pump  | <input type="checkbox"/> Building over three stories                                 |        |              |                  |
| <input type="checkbox"/> Emergency system   | <input type="checkbox"/> Marinas and boatyards                                       |        |              |                  |
| <input type="checkbox"/> Addition of new motor load of 100HP or more              | <input type="checkbox"/> Floating buildings  |        |              |                  |
| <input type="checkbox"/> Six or more residential units                            | <input type="checkbox"/> Commercial-use agricultural buildings                       |        |              |                  |
| <input type="checkbox"/> Health-care facilities                                   | <input type="checkbox"/> Installation of 150 KVA or larger separately derived system |        |              |                  |
| <input type="checkbox"/> Hazardous locations                                      | <input type="checkbox"/> "A," "E," "I-2," "I-3" occupancy                            |        |              |                  |
|   | <input type="checkbox"/> Recreational vehicle parks                                  |        |              |                  |
| FEE SCHEDULE  |  |        |              |                  |
| Description   | Qty.   | Fee    | Total        | *                |
| <b>Residential single- or multi-family dwelling unit includes attached garage</b> |  |        |              |                  |
| 1,000 sq. ft. or less   |  | 194.64 |              | 4                |
| Ea. add'l 500 sq. ft. or portion  |  | 34.77  |              |                  |
| Limited energy, residential (with above sq. ft.)                                  |  | 46.42  |              | 2                |
| Limited energy, multi-family residential (with above sq. ft.)                     |  | 91.72  |              | 2                |
| <b>Services or feeders installation, alteration, and/or relocation</b>            |  |        |              |                  |
| 200 amps or less  |  | 115.83 |              | 2                |
| 201 amps to 400 amps  |  | 137.89 |              | 2                |
| 401 amps to 600 amps  |  | 229.34 |              | 2                |
| 601 amps to 1,000 amps  |  | 299.93 |              | 2                |
| Over 1,000 amps or volts  |  | 690.22 |              | 2                |
| Utility reconnect   |  | 91.72  |              | 1                |
| <b>Temporary services or feeders installation, alteration, and/or relocation</b>  |  |        |              |                  |
| 200 amps or less  |  | 91.72  |              | 2                |
| 201 amps to 400 amps  |  | 127.41 |              | 2                |
| 401 amps to 600 amps  |  | 184.11 |              | 2                |
| 601 amps to 1,000 amps  |  | 225.29 |              | 2                |
| <b>Branch circuits - new, alteration, or extension, per panel</b>                 |  |        |              |                  |
| A. Fee for branch circuits with above service or feeder fee, each branch circuit  |  | 4.26   |              | 2                |
| B. Fee for branch circuits without service or feeder fee, first branch circuit    |  | 81.14  |              | 2                |
| Each add'l branch circuit   |  | 4.26   |              |                  |
| <b>Miscellaneous (services or feeder not included)</b>                            |  |        |              |                  |
| Each manufactured or modular dwelling, service, and/or feeder                     |  | 91.72  |              | 2                |
| Pump or irrigation circle   |  | 91.72  |              | 2                |
| Sign or outline lighting  |  | 91.72  |              | 2                |
| Signal circuit(s) or limited-energy panel, alteration, or extension. Describe:    |  | 91.72  |              | 2                |
| <b>Each additional inspection over allowable in any of the above</b>              |  |        |              |                  |
| Per inspection  |  | 81.14  |              |                  |
| Investigation fee   |  |        |              |                  |
| Other:  |  |        |              |                  |
| Electrical permit fees  |  |        |              |                  |
| SUBTOTAL  |  |        |              | 0.00             |
| Plan review (25% of permit fee)   |  |        |              |                  |
| State surcharge (12% of permit fee)   |  |        |              | 0.00             |
| TOTAL PERMIT FEE  |  |        | <u>90.88</u> | <del>90.00</del> |

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete.  
 \* Number of inspections allowed per permit.  
 Form 520-0002 8/01/17



**City Of Beaverton**  
 12725 SW Millikan Way  
 Beaverton, OR 97076  
 Phone: 503-526-2542  
 Email: cunderwood@beavertonoregon.gov

**Commercial Electrical Authorization To Begin Work**

**05350-BEL-20-00521**

Approval Code: 660955 7/23/2020 1:36 pm

E-mailed To: harnell@tubear.com

| TYPE OF WORK   |   |
|--|---|
| <input type="checkbox"/> New Construction            | <input checked="" type="checkbox"/> Addition/alteration/replacement |
| CATEGORY OF CONSTRUCTION                             |   |
| <input type="checkbox"/> 1 or 2 family dwelling      | <input type="checkbox"/> Multi-family                               |
| <input checked="" type="checkbox"/> Commercial       | <input type="checkbox"/> Accessory                                  |
| JOB SITE INFORMATION AND LOCATION                    |   |
| Job Address: 4145 SW WATSON AVE                      |   |
| City/State/ZIP: BEAVERTON, OR 97005                  |   |
| Suite/bldg./apt.no.:                                 |   |
| Project Name: Facticeus                              |   |
| Cross Street/directions to job site: SW Millikan Way |   |
| Tax map/parcel no.: 1S116AA80011                     |   |
| DESCRIPTION OF WORK                                  |   |
| Connect One (1) wall sign at unit #200               |   |
| APPLICANT  |   |
| Name: Haley Arnell                                   |   |
| Phone: 9712057780                                    | Fax:  |
| Email:   |   |
| CONTRACTOR   |   |
| Elec lic. no.: 37-554CLS                             | CCB lic. no.: 70956   |
| Business Name: TUBE ART DISPLAYS INC                 |   |
| Contact:   |   |
| Address: 2730 OCCIDENTAL AVE S                       |   |
| City/State/ZIP: SEATTLE, WA 98134                    |   |
| Phone: 2062231122                                    | Fax: 2062231123   |
| Email: swilliams@tubear.com                          |   |
| Metro lic. no.:                                      | City lic. no.:  |
| Supervising Electrician's lic. no.:                  |   |
| Supervising Electrician's Name:                      |   |
| Number of inspections included in paid services:     |   |
| Residential Service:                                 | 4   |
| Reconnect Only:                                      | 1   |
| All Other Services:                                  | 2   |

| PLAN REVIEW   |   |   |  |
|---|---|---|--|
| Please check all that apply:  |   |   |  |
| <input type="checkbox"/> A service or feeder beginning at 400 Amps where the available fault current exceeds 10,000 Amps at 150 Volts or less to ground exceeds 14,000 Amps for all other | <input type="checkbox"/> Fire pumps                                     | <input type="checkbox"/> Hazardous locations  | <input type="checkbox"/> A service or feeder rated at 600 amps or more         |
| <input type="checkbox"/> Emergency systems  | <input type="checkbox"/> Addition of a new motor load of 100 HP or more | <input type="checkbox"/> Buildings more than three stor                             | <input type="checkbox"/> Marinas and boat yards                                |
| <input type="checkbox"/> Six or more residential units in one structure   | <input type="checkbox"/> Health care facilities                         | <input type="checkbox"/> Floating buildings   | <input type="checkbox"/> Commercial-use agricultural buildings                 |
|   |   | <input type="checkbox"/> Installation of a 150 KVA or larger separately derived sys | <input type="checkbox"/> "A", "E", or "I-2" or "I-3"                           |
|   |   | <input type="checkbox"/> Recreational Vehicle Parks                                 | <input type="checkbox"/> Supply voltage for more than 600 supply volts nominal |
| FEE SCHEDULE  |   |   |  |
| Description   | Qty.  | Ea.   | Total  |
| <b>Miscellaneous</b>  |   |   |  |
| Sign or outline lighting  | 1   | \$91.72   | \$91.72  |
| <b>Electrical Permit Fees</b>   |   |   |  |
| Subtotal  |   |   | \$91.72  |
| State surcharge (12% of permit total)   |   |   | \$11.01  |
| <b>TOTAL PERMIT FEE</b>   |   |   | <b>\$102.73</b>  |

Upon review and approval by your local jurisdiction, your permit will be e-mailed or faxed within one business day, with instructions on how to schedule your inspection.

NOTE: This Authorization To Begin Work expires within 180 days if a permit is not obtained.

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**This Authorization to Begin Work is not a permit, to schedule inspections you need a permit from City Of Beaverton**  
 Inspections Phone: 503-526-2400 Inspections Email: cunderwood@beavertonoregon.gov  
**This Authorization To Begin Work must be posted at the job site until replaced by a Permit**



**City Of Beaverton**  
 12725 SW Millikan Way  
 Beaverton, OR 97076  
 Phone: 503-526-2542  
 Email: cunderwood@beavertonoregon.gov

**Residential Electrical Authorization To Begin Work**

**05350-BEL-20-00520**

Approval Code: 313262 7/23/2020 11:26 am

E-mailed To: mikeselectric@mikeselectric.biz

30020-2038

| TYPE OF WORK   |  |
|--|--|
| <input type="checkbox"/> New Construction                  | <input checked="" type="checkbox"/> Addition/alteration/replacement  |
| CATEGORY OF CONSTRUCTION                                   |  |
| <input checked="" type="checkbox"/> 1 or 2 family dwelling | <input type="checkbox"/> Multi-family <input type="checkbox"/> Commercial <input type="checkbox"/> Accessory |
| JOB SITE INFORMATION AND LOCATION                          |  |
| Job Address: 8845 SW REBECCA LN                            |  |
| City/State/ZIP: BEAVERTON, OR 97008                        |  |
| Suite/bldg./apt.no.:                                       |  |
| Project Name: Aegis  |  |
| Cross Street/directions to job site:                       |  |
| Tax map/parcel no.: 1S127BC06800                           |  |
| DESCRIPTION OF WORK  |  |
| panel replacement  |  |
| APPLICANT  |  |
| Name: Darryl Mollenhauer                                   |  |
| Phone: 5036496991  | Fax: 5032967860  |
| Email:   |  |
| CONTRACTOR   |  |
| Elec lic. no.: C643  | CCB lic. no.: 191094   |
| Business Name: MOLLENHAUER ENTERPRISES INC                 |  |
| Contact:   |  |
| Address: 11070 SW ALLEN BLVD                               |  |
| City/State/ZIP: BEAVERTON, OR 97005                        |  |
| Phone: 5036496991  | Fax: 5036411902  |
| Email: mikeselectric@mikeselectric.biz                     |  |
| Metro lic. no.:  | City lic. no.:   |
| Supervising Electrician's lic. no.:                        |  |
| Supervising Electrician's Name:                            |  |
| Number of inspections included in paid services:           |  |
| Residential Service:                                       | 4  |
| Reconnect Only:  | 1  |
| All Other Services:  | 2  |

| PLAN REVIEW   |   |   |  |
|---|---|---|--|
| <b>Please check all that apply:</b>   |   | <input type="checkbox"/> Hazardous locations  |  |
| <input type="checkbox"/> A service or feeder beginning at 400 Amps where the available fault current exceeds 10,000 Amps at 150 Volts or less to ground exceeds 14,000 Amps for all other | <input type="checkbox"/> A service or feeder rated at 600 amps or more  | <input type="checkbox"/> Buildings more than three stor                             | <input type="checkbox"/> Marinas and boat yards                                |
| <input type="checkbox"/> Fire pumps   | <input type="checkbox"/> Emergency systems                              | <input type="checkbox"/> Floating buildings   | <input type="checkbox"/> Commercial-use agricultural buildings                 |
| <input type="checkbox"/> Addition of a new motor load of 100 HP or more   | <input type="checkbox"/> Six or more residential units in one structure | <input type="checkbox"/> Installation of a 150 KVA or larger separately derived sys | <input type="checkbox"/> "A", "E", or "I-2" or "I-3"                           |
| <input type="checkbox"/> Health care facilities   |   | <input type="checkbox"/> Recreational Vehicle Parks                                 | <input type="checkbox"/> Supply voltage for more than 600 supply volts nominal |
| FEE SCHEDULE  |   |   |  |
| Description   | Qty.  | Ea.   | Total  |
| <b>Services or feeders</b>  |   |   |  |
| Services 200 amps or less   | 1   | \$115.83  | \$115.83   |
| <b>Electrical Permit Fees</b>   |   |   |  |
| Subtotal  |   |   | \$115.83   |
| State surcharge (12% of permit total)   |   |   | \$13.90  |
| <b>TOTAL PERMIT FEE</b>   |   |   | <b>\$129.73</b>  |

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 Inspections Phone: 503-526-2400 Inspections Email: cunderwood@beavertonoregon.gov  
**This Authorization To Begin Work must be posted at the job site until replaced by a Permit**



**City Of Beaverton**  
 12725 SW Millikan Way  
 Beaverton, OR 97076  
 Phone: 503-526-2542  
 Email: cunderwood@beavertonoregon.gov

**Commercial Electrical Authorization To Begin Work**

**05350-BEL-20-00522**

Approval Code: 04719G 7/23/2020 4:18 pm

E-mailed To: jaylene@integritysignsoregon.com

B2020-2641

| TYPE OF WORK                                     |   |
|--|---|
| <input type="checkbox"/> New Construction        | <input checked="" type="checkbox"/> Addition/alteration/replacement   |
| CATEGORY OF CONSTRUCTION                         |   |
| <input type="checkbox"/> 1 or 2 family dwelling  | <input type="checkbox"/> Multi-family <input checked="" type="checkbox"/> Commercial <input type="checkbox"/> Accessory |
| JOB SITE INFORMATION AND LOCATION                |   |
| Job Address: 14845 SW MURRAY SCHOLLS DR          |   |
| City/State/ZIP: BEAVERTON, OR 97007              |   |
| Suite/bldg./apt.no.: 109                         |   |
| Project Name: AllState                           |   |
| Cross Street/directions to job site:             |   |
| Tax map/parcel no.: 1S132DA00800                 |   |
| DESCRIPTION OF WORK                              |   |
| One connection for new Allstate wall sign        |   |
| APPLICANT  |   |
| Name: Jaylene Paulus                             |   |
| Phone: 503-981-3743                              | Fax: 503-982-8153   |
| Email:   |   |
| CONTRACTOR                                       |   |
| Elec lic. no.: CLS20                             | CCB lic. no.: 194155  |
| Business Name: INTEGRITY SIGNS OREGON            |   |
| Contact:   |   |
| Address: PO BOX 88                               |   |
| City/State/ZIP: HUBBARD, OR 97032                |   |
| Phone: 5039813743                                | Fax: 5039828153   |
| Email: DAVE@INTEGRITYSIGNSOREGON.COM             |   |
| Metro lic. no.:                                  | City lic. no.:  |
| Supervising Electrician's lic. no.:              |   |
| Supervising Electrician's Name:                  |   |
| Number of inspections included in paid services: |   |
| Residential Service:                             | 4   |
| Reconnect Only:                                  | 1   |
| All Other Services:                              | 2   |

| PLAN REVIEW   |   |   |  |
|---|---|---|--|
| <b>Please check all that apply:</b>   |   | <input type="checkbox"/> Hazardous locations  |  |
| <input type="checkbox"/> A service or feeder beginning at 400 Amps where the available fault current exceeds 10,000 Amps at 150 Volts or less to ground exceeds 14,000 Amps for all other | <input type="checkbox"/> A service or feeder rated at 600 amps or more  | <input type="checkbox"/> Buildings more than three stor                             | <input type="checkbox"/> Marinas and boat yards                |
| <input type="checkbox"/> Fire pumps   | <input type="checkbox"/> Emergency systems                              | <input type="checkbox"/> Floating buildings   | <input type="checkbox"/> Commercial-use agricultural buildings |
| <input type="checkbox"/> Addition of a new motor load of 100 HP or more   | <input type="checkbox"/> Six or more residential units in one structure | <input type="checkbox"/> Installation of a 150 KVA or larger separately derived sys | <input type="checkbox"/> "A", "E", or "I-2" or "I-3"           |
| <input type="checkbox"/> Health care facilities   | <input type="checkbox"/> Recreational Vehicle Parks                     | <input type="checkbox"/> Supply voltage for more than 600 supply volts nominal      |  |
| FEE SCHEDULE  |   |   |  |
| Description   | Qty.  | Ea.   | Total  |
| <b>Miscellaneous</b>  |   |   |  |
| Sign or outline lighting  | 1   | \$91.72   | \$91.72  |
| <b>Electrical Permit Fees</b>   |   |   |  |
| Subtotal  |   |   | \$91.72  |
| State surcharge (12% of permit total)   |   |   | \$11.01  |
| <b>TOTAL PERMIT FEE</b>   |   |   | <b>\$102.73</b>  |

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 Inspections Phone: 503-526-2400 Inspections Email: cunderwood@beavertonoregon.gov  
 This Authorization To Begin Work must be posted at the job site until replaced by a Permit



**City Of Beaverton**  
 12725 SW Millikan Way  
 Beaverton, OR 97076  
 Phone: 503-526-2542  
 Email: cunderwood@beavertonoregon.gov

**Residential Electrical Authorization To Begin Work**

**05350-BEL-20-00525**

Approval Code: 125617 7/24/2020 12:56 pm

E-mailed To: cbwelectrical@gmail.com

B2020-2658

| TYPE OF WORK   |  |
|--|--|
| <input type="checkbox"/> New Construction                  | <input checked="" type="checkbox"/> Addition/alteration/replacement  |
| CATEGORY OF CONSTRUCTION                                   |  |
| <input checked="" type="checkbox"/> 1 or 2 family dwelling | <input type="checkbox"/> Multi-family <input type="checkbox"/> Commercial <input type="checkbox"/> Accessory |
| JOB SITE INFORMATION AND LOCATION                          |  |
| Job Address: 1495 NW TREMAINE CT                           |  |
| City/State/ZIP: BEAVERTON, OR 97006                        |  |
| Suite/bldg./apt.no.:                                       |  |
| Project Name: panel replacement/basement remodel           |  |
| Cross Street/directions to job site: nw brickstone ln      |  |
| Tax map/parcel no.: 1N131BC05400                           |  |
| DESCRIPTION OF WORK  |  |
| panel replacement,basement remodel                         |  |
| APPLICANT  |  |
| Name: Charles Weinmann                                     |  |
| Phone: 5035483659  | Fax: 5036484536  |
| Email:   |  |
| CONTRACTOR   |  |
| Elec lic. no.: C1427                                       | CCB lic. no.: 223963   |
| Business Name: CBW ELECTRIC LLC                            |  |
| Contact:   |  |
| Address: 185 NE TIFFANY ST                                 |  |
| City/State/ZIP: HILLSBORO, OR 97124                        |  |
| Phone: 5035483659  | Fax:   |
| Email: CBWELECTRICAL@GMAIL.COM                             |  |
| Metro lic. no.:  | City lic. no.:   |
| Supervising Electrician's lic. no.:                        |  |
| Supervising Electrician's Name:                            |  |
| Number of inspections included in paid services:           |  |
| Residential Service:                                       | 4  |
| Reconnect Only:  | 1  |
| All Other Services:  | 2  |

| PLAN REVIEW   |   |          |                 |
|---|---|----------|-----------------|
| Please check all that apply:  |   |          |                 |
| <input type="checkbox"/> A service or feeder beginning at 400 Amps where the available fault current exceeds 10,000 Amps at 150 Volts or less to ground exceeds 14,000 Amps for all other | <input type="checkbox"/> Hazardous locations  |          |                 |
| <input type="checkbox"/> Fire pumps   | <input type="checkbox"/> A service or feeder rated at 600 amps or more              |          |                 |
| <input type="checkbox"/> Emergency systems  | <input type="checkbox"/> Buildings more than three stor                             |          |                 |
| <input type="checkbox"/> Addition of a new motor load of 100 HP or more   | <input type="checkbox"/> Marinas and boat yards                                     |          |                 |
| <input type="checkbox"/> Six or more residential units in one structure   | <input type="checkbox"/> Floating buildings   |          |                 |
| <input type="checkbox"/> Health care facilities   | <input type="checkbox"/> Commercial-use agricultural buildings                      |          |                 |
|   | <input type="checkbox"/> Installation of a 150 KVA or larger separately derived sys |          |                 |
|   | <input type="checkbox"/> "A", "E", or "I-2" or "I-3"                                |          |                 |
|   | <input type="checkbox"/> Recreational Vehicle Parks                                 |          |                 |
|   | <input type="checkbox"/> Supply voltage for more than 600 supply volts nominal      |          |                 |
| FEE SCHEDULE  |   |          |                 |
| Description   | Qty.  | Ea.      | Total           |
| Services or feeders   |   |          |                 |
| Services 200 amps or less   | 1   | \$115.83 | \$115.83        |
| Branch circuits   |   |          |                 |
| Branch circuits with service or feeder each circuit   | 5   | \$4.26   | \$21.30         |
| Electrical Permit Fees  |   |          |                 |
| Subtotal  |   |          | \$137.13        |
| State surcharge (12% of permit total)   |   |          | \$16.46         |
| <b>TOTAL PERMIT FEE</b>   |   |          | <b>\$153.59</b> |

Upon review and approval by your local jurisdiction, your permit will be e-mailed or faxed within one business day, with instructions on how to schedule your inspection.

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 Inspections Phone: 503-526-2400 Inspections Email: cunderwood@beavertonoregon.gov  
**This Authorization To Begin Work must be posted at the job site until replaced by a Permit**



City Of Beaverton  
 12725 SW Millkan Way  
 Beaverton, OR 97076  
 Phone: 503-526-2542  
 Email: cunderwood@beavertonoregon.gov

**Residential Electrical Authorization To Begin Work**

**05350-BEL-20-00524**

Approval Code: 414234 7/24/2020 12:43 pm

E-mailed To: alma@badgerelectricinc.com

32020-2657

| TYPE OF WORK   |  |
|--|--|
| <input type="checkbox"/> New Construction                  | <input checked="" type="checkbox"/> Addition/alteration/replacement  |
| CATEGORY OF CONSTRUCTION                                   |  |
| <input checked="" type="checkbox"/> 1 or 2 family dwelling | <input type="checkbox"/> Multi-family <input type="checkbox"/> Commercial <input type="checkbox"/> Accessory |
| JOB SITE INFORMATION AND LOCATION                          |  |
| Job Address: 11670 SW CLIFFORD ST                          |  |
| City/State/ZIP: BEAVERTON, OR 97008                        |  |
| Suite/bldg./apt.no.:                                       |  |
| Project Name:  |  |
| Cross Street/directions to job site:                       |  |
| Tax map/parcel no.: 1S122CA02700                           |  |
| DESCRIPTION OF WORK  |  |
| Service change   |  |
| APPLICANT  |  |
| Name: Todd Gaber   |  |
| Phone: 5032884756  | Fax: 5034937173  |
| Email:   |  |
| CONTRACTOR   |  |
| Elec lic. no.: 3-571C                                      | CCB lic. no.: 156581   |
| Business Name: BADGER ELECTRIC INC                         |  |
| Contact:   |  |
| Address: PO BOX 55446                                      |  |
| City/State/ZIP: PORTLAND, OR 97238                         |  |
| Phone: 5032884756  | Fax: 5034937173  |
| Email: alma@badgerelectricinc.com                          |  |
| Metro lic. no.:  | City lic. no.:   |
| Supervising Electrician's lic. no.:                        |  |
| Supervising Electrician's Name:                            |  |
| Number of inspections included in paid services:           |  |
| Residential Service:                                       | 4  |
| Reconnect Only:  | 1  |
| All Other Services:  | 2  |

| PLAN REVIEW   |   |   |  |
|---|---|---|--|
| Please check all that apply:  |   |   |  |
| <input type="checkbox"/> A service or feeder beginning at 400 Amps where the available fault current exceeds 10,000 Amps at 150 Volts or less to ground exceeds 14,000 Amps for all other | <input type="checkbox"/> Fire pumps                                     | <input type="checkbox"/> Hazardous locations  | <input type="checkbox"/> A service or feeder rated at 600 amps or more         |
| <input type="checkbox"/> Emergency systems  | <input type="checkbox"/> Addition of a new motor load of 100 HP or more | <input type="checkbox"/> Buildings more than three stor                             | <input type="checkbox"/> Marinas and boat yards                                |
| <input type="checkbox"/> Six or more residential units in one structure   | <input type="checkbox"/> Health care facilities                         | <input type="checkbox"/> Floating buildings   | <input type="checkbox"/> Commercial-use agricultural buildings                 |
|   |   | <input type="checkbox"/> Installation of a 150 KVA or larger separately derived sys | <input type="checkbox"/> "A", "E", or "I-2" or "I-3"                           |
|   |   | <input type="checkbox"/> Recreational Vehicle Parks                                 | <input type="checkbox"/> Supply voltage for more than 600 supply volts nominal |
| FEE SCHEDULE  |   |   |  |
| Description   | Qty.  | Ea.   | Total  |
| <b>Services or feeders</b>  |   |   |  |
| Services 200 amps or less   | 1   | \$115.83  | \$115.83   |
| <b>Electrical Permit Fees</b>   |   |   |  |
| Subtotal  |   |   | \$115.83   |
| State surcharge (12% of permit total)   |   |   | \$13.90  |
| <b>TOTAL PERMIT FEE</b>   |   |   | <b>\$129.73</b>  |

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 Inspections Phone: 503-526-2400 Inspections Email: cunderwood@beavertonoregon.gov  
**This Authorization To Begin Work must be posted at the job site until replaced by a Permit**



**City Of Beaverton**  
 12725 SW Millikan Way  
 Beaverton, OR 97076  
 Phone: 503-526-2542  
 Email: cunderwood@beavertonoregon.gov

**Commercial Electrical Authorization To Begin Work**

**05350-BEL-20-00523**

Approval Code: 020299 7/24/2020 11:08 am

E-mailed To: kathy.kelley@ecpowerslife.com

B2020-2656

| TYPE OF WORK  |   |
|---|---|
| <input type="checkbox"/> New Construction   | <input checked="" type="checkbox"/> Addition/alteration/replacement   |
| CATEGORY OF CONSTRUCTION  |   |
| <input type="checkbox"/> 1 or 2 family dwelling   | <input type="checkbox"/> Multi-family <input checked="" type="checkbox"/> Commercial <input type="checkbox"/> Accessory |
| JOB SITE INFORMATION AND LOCATION   |   |
| Job Address: 6600 SW 111TH AVE  |   |
| City/State/ZIP: BEAVERTON, OR 97008   |   |
| Suite/bldg./apt.no.:  |   |
| Project Name: 77885 Graybar Warehouse   |   |
| Cross Street/directions to job site:  |   |
| Tax map/parcel no.: 1S122AD00700  |   |
| DESCRIPTION OF WORK   |   |
| add 16 new circuits for battery chargers, trolley, wire cutters and convenience receptacles |   |
| APPLICANT   |   |
| Name: Kathy Kelley  |   |
| Phone: 5032243511   | Fax:  |
| Email:  |   |
| CONTRACTOR  |   |
| Elec lic. no.: 26-45C   | CCB lic. no.: 49737   |
| Business Name: EC COMPANY   |   |
| Contact:  |   |
| Address: PO BOX 10286   |   |
| City/State/ZIP: PORTLAND, OR 97296  |   |
| Phone: 5032243511   | Fax: 5032953012   |
| Email: cindyb@e-c-co.com  |   |
| Metro lic. no.:   | City lic. no.:  |
| Supervising Electrician's lic. no.:   |   |
| Supervising Electrician's Name:   |   |
| Number of inspections included in paid services:  |   |
| Residential Service:  | 4   |
| Reconnect Only:   | 1   |
| All Other Services:   | 2   |

| PLAN REVIEW   |   |   |  |
|---|---|---|--|
| Please check all that apply:  |   |   |  |
| <input type="checkbox"/> A service or feeder beginning at 400 Amps where the available fault current exceeds 10,000 Amps at 150 Volts or less to ground exceeds 14,000 Amps for all other | <input type="checkbox"/> Hazardous locations                            | <input type="checkbox"/> A service or feeder rated at 600 amps or more              | <input type="checkbox"/> Buildings more than three stor                        |
| <input type="checkbox"/> Fire pumps   | <input type="checkbox"/> Emergency systems                              | <input type="checkbox"/> Installation of a 150 KVA or larger separately derived sys | <input type="checkbox"/> "A", "E", or "I-2" or "I-3"                           |
| <input type="checkbox"/> Addition of a new motor load of 100 HP or more   | <input type="checkbox"/> Six or more residential units in one structure | <input type="checkbox"/> Recreational Vehicle Parks                                 | <input type="checkbox"/> Supply voltage for more than 600 supply volts nominal |
| <input type="checkbox"/> Health care facilities   |   |   |  |
| FEE SCHEDULE  |   |   |  |
| Description   | Qty.  | Ea.   | Total  |
| <b>Branch circuits</b>  |   |   |  |
| Branch circuits without service or feeder   | 1   | \$81.14   | \$81.14  |
| Branch circuits each additional circuit without service   | 15  | \$4.26  | \$63.90  |
| <b>Electrical Permit Fees</b>   |   |   |  |
| Subtotal  |   |   | \$145.04   |
| State surcharge (12% of permit total)   |   |   | \$17.40  |
| <b>TOTAL PERMIT FEE</b>   |   |   | <b>\$162.44</b>  |

Upon review and approval by your local jurisdiction, your permit will be e-mailed or faxed within one business day, with instructions on how to schedule your inspection.

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 Inspections Phone: 503-526-2400 Inspections Email: cunderwood@beavertonoregon.gov  
 This Authorization To Begin Work must be posted at the job site until replaced by a Permit



**City Of Beaverton**  
 12725 SW Milikan Way  
 Beaverton, OR 97076  
 Phone: 503-526-2542  
 Email: cunderwood@beavertonoregon.gov

B2020-2660

**Residential Electrical Authorization To Begin Work**

**05350-BEL-20-00526**

Approval Code: 130043 7/24/2020 1:00 pm

E-mailed To: cbwelectrical@gmail.com

| TYPE OF WORK   |  |
|--|--|
| <input type="checkbox"/> New Construction                  | <input checked="" type="checkbox"/> Addition/alteration/replacement  |
| CATEGORY OF CONSTRUCTION                                   |  |
| <input checked="" type="checkbox"/> 1 or 2 family dwelling | <input type="checkbox"/> Multi-family <input type="checkbox"/> Commercial <input type="checkbox"/> Accessory |
| JOB SITE INFORMATION AND LOCATION                          |  |
| Job Address: 6652 SW HICKMAN LN                            |  |
| City/State/ZIP: BEAVERTON, OR 97223                        |  |
| Suite/bldg./apt.no.:                                       |  |
| Project Name: panel replacement                            |  |
| Cross Street/directions to job site: sw oleson rd          |  |
| Tax map/parcel no.: 1S124AD02600                           |  |
| DESCRIPTION OF WORK  |  |
| panel replacement/ev charger                               |  |
| APPLICANT  |  |
| Name: Charles Weinmann                                     |  |
| Phone: 5035483659  | Fax: 5036484536  |
| Email:   |  |
| CONTRACTOR   |  |
| Elec lic. no.: C1427                                       | CCB lic. no.: 223963   |
| Business Name: CBW ELECTRIC LLC                            |  |
| Contact:   |  |
| Address: 185 NE TIFFANY ST                                 |  |
| City/State/ZIP: HILLSBORO, OR 97124                        |  |
| Phone: 5035483659  | Fax:   |
| Email: CBWELECTRICAL@GMAIL.COM                             |  |
| Metro lic. no.:  | City lic. no.:   |
| Supervising Electrician's lic. no.:                        |  |
| Supervising Electrician's Name:                            |  |
| Number of inspections included in paid services:           |  |
| Residential Service:                                       | 4  |
| Reconnect Only:  | 1  |
| All Other Services:  | 2  |

| PLAN REVIEW   |   |
|---|---|
| <b>Please check all that apply:</b>   |   |
| <input type="checkbox"/> A service or feeder beginning at 400 Amps where the available fault current exceeds 10,000 Amps at 150 Volts or less to ground exceeds 14,000 Amps for all other | <input type="checkbox"/> Hazardous locations  |
| <input type="checkbox"/> Fire pumps   | <input type="checkbox"/> A service or feeder rated at 600 amps or more              |
| <input type="checkbox"/> Emergency systems  | <input type="checkbox"/> Buildings more than three stor                             |
| <input type="checkbox"/> Addition of a new motor load of 100 HP or more   | <input type="checkbox"/> Marinas and boat yards                                     |
| <input type="checkbox"/> Six or more residential units in one structure   | <input type="checkbox"/> Floating buildings   |
| <input type="checkbox"/> Health care facilities   | <input type="checkbox"/> Commercial-use agricultural buildings                      |
|   | <input type="checkbox"/> Installation of a 150 KVA or larger seperately derived sys |
|   | <input type="checkbox"/> "A", "E", or "I-2" or "I-3"                                |
|   | <input type="checkbox"/> Recreational Vehicle Parks                                 |
|   | <input type="checkbox"/> Supply voltage for more than 600 supply volts nominal      |

| FEE SCHEDULE  |      |          |                 |
|---|------|----------|-----------------|
| Description   | Qty. | Ea.      | Total           |
| <b>Services or feeders</b>                          |      |          |                 |
| Services 200 amps or less                           | 1    | \$115.83 | \$115.83        |
| <b>Branch circuits</b>                              |      |          |                 |
| Branch circuits with service or feeder each circuit | 2    | \$4.26   | \$8.52          |
| <b>Electrical Permit Fees</b>                       |      |          |                 |
| Subtotal  |      |          | \$124.35        |
| State surcharge (12% of permit total)               |      |          | \$14.92         |
| <b>TOTAL PERMIT FEE</b>                             |      |          | <b>\$139.27</b> |

Upon review and approval by your local jurisdiction, your permit will be e-mailed or faxed within one business day, with instructions on how to schedule your inspection.

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 Inspections Phone: 503-526-2400 Inspections Email: cunderwood@beavertonoregon.gov  
 This Authorization To Begin Work must be posted at the job site until replaced by a Permit



City Of Beaverton  
 12725 SW Milkan Way  
 Beaverton, OR 97076  
 Phone: 503-526-2542  
 Email: cunderwood@beavertonoregon.gov

**Commercial Electrical Authorization To Begin Work**

**05350-BEL-20-00528**

Approval Code: 423301 7/24/2020 4:24 pm

E-mailed To: trungbrothers@gmail.com

| TYPE OF WORK  |   |
|---|---|
| <input type="checkbox"/> New Construction   | <input checked="" type="checkbox"/> Addition/alteration/replacement |
| CATEGORY OF CONSTRUCTION  |   |
| <input type="checkbox"/> 1 or 2 family dwelling   | <input type="checkbox"/> Multi-family                               |
| <input checked="" type="checkbox"/> Commercial  | <input type="checkbox"/> Accessory                                  |
| JOB SITE INFORMATION AND LOCATION   |   |
| Job Address: 5500 SW ARCTIC DR  |   |
| City/State/ZIP: BEAVERTON, OR 97005   |   |
| Suite/bldg./apt.no.:  |   |
| Project Name: AKA Direct  |   |
| Cross Street/directions to job site:  |   |
| Tax map/parcel no.: 1S114CA15901  |   |
| DESCRIPTION OF WORK   |   |
| Add new panels and equipment. Provide circuits and 40' cord drops for several equipment; 75kva transformer. |   |
| APPLICANT   |   |
| Name: Trung Nguyen  |   |
| Phone: 5037930871   | Fax: 5036126803   |
| Email:  |   |
| CONTRACTOR  |   |
| Elec lic. no.: C280   | CCB lic. no.: 175531  |
| Business Name: VAST ELECTRIC INC  |   |
| Contact:  |   |
| Address: 207 8TH ST   |   |
| City/State/ZIP: OREGON CITY, OR 97045   |   |
| Phone: 5037930871   | Fax: 5035858828   |
| Email: VASTELECTRIC@COMCAST.NET   |   |
| Metro lic. no.:   | City lic. no.:  |
| Supervising Electrician's lic. no.:   |   |
| Supervising Electrician's Name:   |   |
| Number of inspections included in paid services:  |   |
| Residential Service:  | 4   |
| Reconnect Only:   | 1   |
| All Other Services:   | 2   |

| PLAN REVIEW   |      |   |                 |
|---|------|---|-----------------|
| Please check all that apply:  |      | <input type="checkbox"/> Hazardous locations<br><input type="checkbox"/> A service or feeder rated at 600 amps or more<br><input type="checkbox"/> Buildings more than three stor<br><input type="checkbox"/> Marinas and boat yards<br><input type="checkbox"/> Floating buildings<br><input type="checkbox"/> Commercial-use agricultural buildings<br><input type="checkbox"/> Installallon of a 150 KVA or larger seperately derived sys<br><input type="checkbox"/> "A", "E", or "I-2" or "I-3"<br><input type="checkbox"/> Recreational Vehicle Parks<br><input type="checkbox"/> Supply voltage for more than 600 supply volts nominal |                 |
| <input type="checkbox"/> A service or feeder beginning at 400 Amps where the available fault current exceeds 10,000 Amps at 150 Volts or less to ground exceeds 14,000 Amps for all other<br><br><input type="checkbox"/> Fire pumps<br><input type="checkbox"/> Emergency systems<br><input type="checkbox"/> Addition of a new motor load of 100 HP or more<br><input type="checkbox"/> Six or more residential units in one structure<br><input type="checkbox"/> Health care facilities |      |   |                 |
| FEE SCHEDULE  |      |   |                 |
| Description   | Qty. | Ea.   | Total           |
| Services or feeders   |      |   |                 |
| Services 200 amps or less   | 1    | \$115.83  | \$115.83        |
| Branch circuits   |      |   |                 |
| Branch circuits with service or feeder each circuit   | 40   | \$4.26  | \$170.40        |
| Electrical Permit Fees  |      |   |                 |
| Subtotal  |      |   | \$286.23        |
| State surcharge (12% of permit total)   |      |   | \$34.35         |
| <b>TOTAL PERMIT FEE</b>   |      |   | <b>\$320.58</b> |

Upon review and approval by your local jurisdiction, your permit will be e-mailed or faxed within one business day, with instructions on how to schedule your inspection.

NOTE: This Authorization To Begin Work expires within 180 days if a permit is not obtained.

The local building department may determine that an Authorization To Begin Work is null and void if it does not meet applicable land use laws and local ordinances.

**This Authorization to Begin Work is not a permit, to schedule inspections you need a permit from City Of Beaverton**  
 Inspections Phone: 503-526-2400 Inspections Email: cunderwood@beavertonoregon.gov  
**This Authorization To Begin Work must be posted at the job site until replaced by a Permit**



**City Of Beaverton**  
 12725 SW Millikan Way  
 Beaverton, OR 97076  
 Phone: 503-526-2542  
 Email: cunderwood@beavertonoregon.gov

**Commercial Electrical Authorization To Begin Work**

**05350-BEL-20-00527**

Approval Code: 098186 7/24/2020 3:52 pm

E-mailed To: lmcmurphy@adt.com

B2020-2664

| TYPE OF WORK   |   |
|--|---|
| <input type="checkbox"/> New Construction  | <input checked="" type="checkbox"/> Addition/alteration/replacement   |
| CATEGORY OF CONSTRUCTION   |   |
| <input type="checkbox"/> 1 or 2 family dwelling  | <input type="checkbox"/> Multi-family <input checked="" type="checkbox"/> Commercial <input type="checkbox"/> Accessory |
| JOB SITE INFORMATION AND LOCATION  |   |
| Job Address: 5671 SW ARCTIC DR   |   |
| City/State/ZIP: BEAVERTON, OR 97005  |   |
| Suite/bldg./apt.no.:   |   |
| Project Name: Jeff Sanders Promotion Inc   |   |
| Cross Street/directions to job site: SW Western Ave  |   |
| Tax map/parcel no.: 1S114CD01400   |   |
| DESCRIPTION OF WORK  |   |
| conversion installing new panel and keypad for Jeff Sanders Promotion Inc<br>200761318 103672333 |   |
| APPLICANT  |   |
| Name: Jeff Sanders   |   |
| Phone: 5036446057  | Fax:  |
| Email:   |   |
| CONTRACTOR   |   |
| Elec lic. no.: CLE317  | CCB lic. no.: 196560  |
| Business Name: ADT LLC   |   |
| Contact:   |   |
| Address: PO BOX 310702   |   |
| City/State/ZIP: BOCA RATON, FL 33431   |   |
| Phone: 5034697241  | Fax: 5034697110   |
| Email: srburdick@adt.com   |   |
| Metro lic. no.:  | City lic. no.:  |
| Supervising Electrician's lic. no.:  |   |
| Supervising Electrician's Name:  |   |
| Number of inspections included in paid services:   |   |
| Residential Service:   | 4   |
| Reconnect Only:  | 1   |
| All Other Services:  | 2   |

| PLAN REVIEW   |   |   |  |
|---|---|---|--|
| <b>Please check all that apply:</b>   |   | <input type="checkbox"/> Hazardous locations  |  |
| <input type="checkbox"/> A service or feeder beginning at 400 Amps where the available fault current exceeds 10,000 Amps at 150 Volts or less to ground exceeds 14,000 Amps for all other | <input type="checkbox"/> A service or feeder rated at 600 amps or more  | <input type="checkbox"/> Buildings more than three stor                             | <input type="checkbox"/> Marinas and boat yards                                |
| <input type="checkbox"/> Fire pumps   | <input type="checkbox"/> Emergency systems                              | <input type="checkbox"/> Floating buildings   | <input type="checkbox"/> Commercial-use agricultural buildings                 |
| <input type="checkbox"/> Addition of a new motor load of 100 HP or more   | <input type="checkbox"/> Six or more residential units in one structure | <input type="checkbox"/> Installation of a 150 KVA or larger separately derived sys | <input type="checkbox"/> "A", "E", or "I-2" or "I-3"                           |
| <input type="checkbox"/> Health care facilities   |   | <input type="checkbox"/> Recreational Vehicle Parks                                 | <input type="checkbox"/> Supply voltage for more than 600 supply volts nominal |
| FEE SCHEDULE  |   |   |  |
| Description   | Qty.  | Ea.   | Total  |
| <b>Miscellaneous</b>  |   |   |  |
| Signal circuit(s) or limited-energy panel, alteration, or extension   | 1   | \$91.72   | \$91.72  |
| <b>Electrical Permit Fees</b>   |   |   |  |
| Subtotal  |   |   | \$91.72  |
| State surcharge (12% of permit total)   |   |   | \$11.01  |
| <b>TOTAL PERMIT FEE</b>   |   |   | <b>\$102.73</b>  |

Upon review and approval by your local jurisdiction, your permit will be e-mailed or faxed within one business day, with instructions on how to schedule your inspection.

NOTE: This Authorization To Begin Work expires within 180 days if a permit is not obtained.

The local building department may determine that an Authorization To Begin Work is null and void if it does not meet applicable land use laws and local ordinances.

**This Authorization to Begin Work is not a permit, to schedule inspections you need a permit from City Of Beaverton**

Inspections Phone: 503-526-2400 Inspections Email: cunderwood@beavertonoregon.gov

**This Authorization To Begin Work must be posted at the job site until replaced by a Permit**



City Of Beaverton  
 12725 SW Milikan Way  
 Beaverton, OR 97076  
 Phone: 503-526-2542  
 Email: cunderwood@beavertonoregon.gov

**Residential Mechanical Authorization To Begin Work**

05350-BMC-20-00479

Approval Code: 02399D 7/27/2020 11:24:13AM  
 E-mailed To: bill@evergreengas.net

B2020-2070

| TYPE OF WORK   |  |
|--|--|
| <input type="checkbox"/> New Construction                      | <input checked="" type="checkbox"/> Addition/alteration/replacement  |
| CATEGORY OF CONSTRUCTION                                       |  |
| <input checked="" type="checkbox"/> 1 or 2 family dwelling     | <input type="checkbox"/> Multi-family <input type="checkbox"/> Commercial <input type="checkbox"/> Accessory |
| JOB SITE INFORMATION AND LOCATION                              |  |
| Job Address: 8125 SW CAMPION CT                                |  |
| City/State/ZIP: BEAVERTON OR 97008                             |  |
| Suite/bldg./apt.no.:   |  |
| Project Name: Campion  |  |
| Cross Street/directions to job site:                           |  |
| Tax map/parcel no.: 1S128AB12800                               |  |
| DESCRIPTION OF WORK  |  |
| vent kitchen hood, move gas line to range, install make up air |  |
| APPLICANT  |  |
| Name: Bill Belden  |  |
| Phone: 5034079542  | Fax: 5033446345  |
| Email: bill@evergreengas.net                                   |  |
| CONTRACTOR   |  |
| CCB lic. no.: 158031   |  |
| Business Name: EVERGREEN GAS INC                               |  |
| Contact:   |  |
| Address: 16385 SW LANGER DRIVE                                 |  |
| City/State/ZIP: , SHERWOOD OR 97140                            |  |
| Phone: 5034079542  | Fax: 5033446345  |
| Email: bill@evergreengas.net                                   |  |
| Metro lic. no.:  | City lic. no.:   |

| FEE SCHEDULE                          |      |         |                 |
|---------------------------------------|------|---------|-----------------|
| Description                           | Qty. | Ea.     | Total           |
| <b>Heating/Cooling Appliances</b>     |      |         |                 |
| Vent for appliance other than furnace | 1    | \$33.39 | \$33.39         |
| <b>Minimum Fees</b>                   |      |         |                 |
| Balance of permit fees                |      |         | \$64.24         |
| <b>Mechanical Permit Fees</b>         |      |         |                 |
| Subtotal                              |      |         | \$97.63         |
| State surcharge (12% of permit total) |      |         | \$11.72         |
| <b>TOTAL PERMIT FEE</b>               |      |         | <b>\$109.35</b> |

Upon review and approval by your local jurisdiction, your permit will be e-mailed or faxed within one business day, with instructions on how to schedule your inspection.

NOTE: This Authorization To Begin Work expires within 180 days if a permit is not obtained.

The local building department may determine that an Authorization To Begin Work is null and void if it does not meet applicable land use laws and local ordinances.

This Authorization to Begin Work is not a permit, to schedule inspections you need a permit from City Of Beaverton  
 Inspections Phone: 503-526-2400 Inspections Email: cunderwood@beavertonoregon.gov  
 This Authorization To Begin Work must be posted at the job site until replaced by a Permit



City Of Beaverton

12725 SW Milkan Way
Beaverton, OR 97076
Phone: 503-526-2542
Email: cunderwood@beavertonoregon.gov

Residential Mechanical Authorization To Begin Work

05350-BMC-20-00478

Approval Code: 073926 7/27/2020 9:42:46AM
E-mailed To: garokenenergy@frontier.com

B2020-2075

Form with sections: TYPE OF WORK, CATEGORY OF CONSTRUCTION, JOB SITE INFORMATION AND LOCATION, DESCRIPTION OF WORK, APPLICANT, CONTRACTOR. Includes checkboxes for construction types and fields for address, phone, and email.

Table with 4 columns: Description, Qty, Ea, Total. Rows include Heating/Cooling Appliances, Minimum Fees, and Mechanical Permit Fees.

Upon review and approval by your local Jurisdiction, your permit will be e-mailed or faxed within one business day, with instructions on how to schedule your inspection.

NOTE: This Authorization To Begin Work expires within 180 days if a permit is not obtained.

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This Authorization to Begin Work is not a permit, to schedule inspections you need a permit from City Of Beaverton
Inspections Phone: 503-526-2400 Inspections Email: cunderwood@beavertonoregon.gov
This Authorization To Begin Work must be posted at the job site until replaced by a Permit



# Electrical Permit Application

Community Development  
 PO Box 4755, Beaverton, OR 97076  
 Phone: (503) 626-2403; Fax: (503) 526-2550  
 Internet address: www.BeavertonOregon.gov

| OFFICE USE ONLY               |                               |
|-------------------------------|-------------------------------|
| Date Received: <u>7-28-20</u> | Permit No.: <u>B2020-2080</u> |
| Date Issued: <u>7-28-20</u>   | By: <u>ML</u>                 |
|                               | Payment Type: <u>ME</u>       |

| TYPE OF WORK  |   |
|---|---|
| <input type="checkbox"/> New construction   | <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"/> Multi-family   | <input type="checkbox"/> Accessory building                         |
|   | <input type="checkbox"/> Master builder                             |
|   | <input type="checkbox"/> Other:                                     |
| JOB SITE INFORMATION AND LOCATION   |   |
| Job no.:  | Job address: 12325 SW Horizon Blvd                                  |
| City/State/ZIP: Beaverton OR 97007  |   |
| Suite/bldg./apt. no.:   | Project name: Kumon   |
| Cross street/directions to job site:  |   |
| Subdivision:  | Lot no.:  |
| Tax map/parcel no.:   |   |
| DESCRIPTION OF WORK   |   |
| Install (2) sign circuits   |   |
| <input type="checkbox"/> PROPERTY OWNER   | <input checked="" type="checkbox"/> TENANT                          |
| Name: Kumon   |   |
| Address: 12325 SW Horizon Blvd  |   |
| City/State/ZIP: Beaverton OR 97007  |   |
| Phone:  | Fax:  |
| E-mail: Cbrown@ramsaysigns.com  |   |
| Owner Installation: This installation is being made on property that I own, which is not intended for sale, lease, rent, or exchange. |   |
| Owner signature: _____  | Date: _____   |
| <input checked="" type="checkbox"/> APPLICANT   | <input checked="" type="checkbox"/> CONTACT PERSON                  |
| Business name: Ramsay Signs   |   |
| Contact name: Chris Brown   |   |
| Address: 9160 SE 74th Ave   |   |
| City/State/ZIP: Portland OR 97206   |   |
| Phone: (503) 777-4555   | Fax: (503) 777-0220   |
| E-mail: Cbrown@ramsaysigns.com  |   |
| CONTRACTOR  |   |
| Business name: Ramsay Signs   |   |
| Address: 9160 SE 74th Ave   |   |
| City/State/ZIP: Portland OR 97206   |   |
| Phone: (503) 777-4555   | Fax: (503) 777-0220   |
| E-mail: Cbrown@ramsaysigns.com  | CCB lic. no.: 83422   |
| Electrical lic. no.: 26-106CLS  | City or metro lic.: 9036  |
| Supervising electrician signature, required:  |   |
| Print name: Phil Stelger  | Date: 7.27.20   |
| Authorized signature:   |   |
| Print name: Chris Brown   | Date: 7.27.20   |

| PLAN REVIEW  |  |  |  |  |
|--|--|--|--|--|
| Please check all that apply:   |  |  |  |  |
| <input type="checkbox"/> Service or feeder 400amps or more   | <input type="checkbox"/> Service or feeder over 600 amps | <input type="checkbox"/> Building over three stories                 | <input type="checkbox"/> Marinas and boatyards                 | <input type="checkbox"/> Floating buildings  |
| <input type="checkbox"/> Fire pump   | <input type="checkbox"/> Emergency system                | <input type="checkbox"/> Addition of new motor load of 100HP or more | <input type="checkbox"/> Commercial-use agricultural buildings | <input type="checkbox"/> Installation of 150 KVA or larger separately derived system |
| <input type="checkbox"/> Six or more residential units   | <input type="checkbox"/> Health-care facilities          | <input type="checkbox"/> Hazardous locations                         | <input type="checkbox"/> "A," "E," "I-2," "I-3" occupancy      | <input type="checkbox"/> Recreational vehicle parks                                  |
| FEE SCHEDULE   |  |  |  |  |
| Description  | Qty.   | Fee  | Total  | *  |
| <b>Residential single- or multi-family dwelling unit</b>   |  |  |  |  |
| Includes attached garage   |  |  |  |  |
| 1,000 sq. ft. or less  |  | 160.49   | 0.00   | 4  |
| Ea. add'l 500 sq. ft. or portion   |  | 28.67  | 0.00   |  |
| Limited energy, residential (with above sq. ft.)   |  | 38.28  | 0.00   | 2  |
| Limited energy, multi-family residential (with above sq. ft.)  |  | 75.63  | 0.00   | 2  |
| <b>Services or feeders installation, alteration, and/or relocation</b>                                   |  |  |  |  |
| 200 amps or less   |  | 95.50  | 0.00   | 2  |
| 201 amps to 400 amps   |  | 113.69   | 0.00   | 2  |
| 401 amps to 600 amps   |  | 169.10   | 0.00   | 2  |
| 601 amps to 1,000 amps   |  | 247.31   | 0.00   | 2  |
| Over 1,000 amps or volts   |  | 569.13   | 0.00   | 2  |
| Utility reconnect  |  | 75.63  | 0.00   | 1  |
| <b>Temporary services or feeders installation, alteration, and/or relocation</b>                         |  |  |  |  |
| 200 amps or less   |  | 75.63  | 0.00   | 2  |
| 201 amps to 400 amps   |  | 105.06   | 0.00   | 2  |
| 401 amps to 600 amps   |  | 151.81   | 0.00   | 2  |
| 601 amps to 1,000 amps   |  | 185.75   | 0.00   | 2  |
| <b>Branch circuits - new, alteration, or extension, per panel</b>  |  |  |  |  |
| A. Fee for branch circuits with above service or feeder fee, each branch circuit                         |  | 3.51   | 0.00   | 2  |
| B. Fee for branch circuits without service or feeder fee, first branch circuit                           |  | 66.90  | 0.00   | 2  |
| Each add'l branch circuit  |  | 3.51   | 0.00   |  |
| <b>Miscellaneous (service or feeder not included)</b>  |  |  |  |  |
| Each manufactured or modular dwelling, service, and/or feeder  |  | 75.63  | 0.00   | 2  |
| Pump or irrigation circle  |  | 75.63  | 0.00   | 2  |
| Sign or outline lighting   | 2  | 75.63  | 151.26   | 2  |
| Signal circuit(s) or limited-energy panel, alteration, or extension. Describe: Install (2) sign circuits |  | 75.63  | 0.00   | 2  |
| Each additional inspection over allowable in any of the above  |  |  |  |  |
| Per inspection   |  | 66.90  |  |  |
| Investigation fee  |  |  |  |  |
| Other:   |  |  |  |  |
| Electrical permit fees   |  |  |  |  |
| SUBTOTAL   |  |  | 0.00   |  |
| Plan review (25% of permit fee)  |  |  |  |  |
| State surcharge (12% of permit fee)  |  |  | 0.00   |  |
| <b>TOTAL PERMIT FEE</b>  |  |  | <b>\$0.00</b>  |  |

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

\* Number of inspections allowed per permit.



### Electrical Permit Application

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

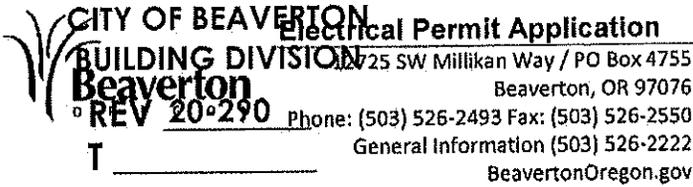
| OFFICE USE ONLY             |                            |
|-----------------------------|----------------------------|
| Date Received:              | Permit No.:                |
| Date Issued: <b>7-28-20</b> | By: <i>MW</i> B2020-2166   |
|                             | Payment Type: <i>Check</i> |

| TYPE OF WORK  |  |
|---|--|
| <input checked="" type="checkbox"/> New construction  | <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"/> Multi-family   | <input type="checkbox"/> Accessory building              |
|   | <input type="checkbox"/> Master builder                  |
|   | <input type="checkbox"/> Other:                          |
| JOB SITE INFORMATION AND LOCATION   |  |
| Job no.:  | Job address: <b>17434 SW CONDOR LANE</b>                 |
| City/State/ZIP: <b>BEAVERTON, OR 97007</b>  |  |
| Suite/bldg./apt. no.:   | Project name:  |
| Cross street/directions to job site: <b>175TH AVE AND SW BARROWS RD</b>   |  |
| Subdivision: <b>SOUTH COOPER MT</b>   | Lot no.: <b>191</b>                                      |
| Tax map/parcel no.:   |  |
| DESCRIPTION OF WORK   |  |
| <b>NEW CONSTRUCTION</b>   |  |
| <input checked="" type="checkbox"/> PROPERTY OWNER  | <input type="checkbox"/> TENANT                          |
| Name: <b>SK HOFF CONSTRUCTION</b>   |  |
| Address: <b>735 SW 158TH AVE</b>  |  |
| City/State/ZIP: <b>BEAVERTON, OR 97006</b>  |  |
| Phone: <b>(503) 641-7342</b>  | Fax: <b>(503) 641-7661</b>                               |
| E-mail: <b>sguerrero@arborhomes.com</b>   |  |
| Owner installation: This installation is being made on property that I own, which is not intended for sale, lease, rent, or exchange. |  |
| Owner signature: _____  | Date: <b>01/29/19</b>                                    |
| <input checked="" type="checkbox"/> APPLICANT   | <input type="checkbox"/> CONTACT PERSON                  |
| Business name: <b>SK HOFF CONSTRUCTION</b>  |  |
| Contact name: <b>SANDRO GUERRERO</b>  |  |
| Address: <b>735 SW 158TH AVE</b>  |  |
| City/State/ZIP: <b>BEAVERTON, OR 97006</b>  |  |
| Phone: <b>(503) 319-6963</b>  | Fax: <b>(503) 641-7661</b>                               |
| E-mail: <b>sguerrero@arborhomes.com</b>   |  |
| CONTRACTOR  |  |
| Business name: <b>Garner Electric</b>   |  |
| Address: <b>2920 SE BROOKWOOD AVE STE A</b>   |  |
| City/State/ZIP: <b>HILLSBORO, OR 97123</b>  |  |
| Phone: <b>(503) 648-4552</b>  | Fax:   |
| E-mail: <b>melgarner@garnerelectric.com</b>   | CCB lic. no.: <b>121159</b>                              |
| Electrical lic. no.: <b>34-305C</b>   | City or metro lic.: <b>4410</b>                          |
| Supervising electrician signature, required: <i>[Signature]</i>   |  |
| Print name: <b>Chuck Garner</b>   | Date: <b>01/29/19</b>                                    |
| Authorized signature: <i>[Signature]</i>  |  |
| Print name: <b>Melissa Stock</b>  | Date: <b>01/29/19</b>                                    |

| PLAN REVIEW  |  |  |   |  |
|--|--|--|---|--|
| Please check all that apply:   |  |  |   |  |
| <input type="checkbox"/> Service or feeder 400amps or more                       | <input type="checkbox"/> Service or feeder over 600 amps             | <input type="checkbox"/> Building over three stories                                 | <input type="checkbox"/> Floating buildings             | <input type="checkbox"/> Commercial-use agricultural buildings |
| <input type="checkbox"/> Fire pump   | <input type="checkbox"/> Addition of new motor load of 100HP or more | <input type="checkbox"/> Installation of 150 KVA or larger separately derived system | <input type="checkbox"/> "A," "E," "L2," "L3" occupancy | <input type="checkbox"/> Recreational vehicle parks            |
| <input type="checkbox"/> Emergency system  | <input type="checkbox"/> Six or more residential units               | <input type="checkbox"/> Health-care facilities                                      | <input type="checkbox"/> Hazardous locations            |  |
| FEE SCHEDULE   |  |  |   |  |
| Description  | Qty.   | Fee  | Total   | *  |
| <b>Residential single- or multi-family dwelling unit</b>                         |  |  |   |  |
| <b>Includes attached garage</b>  |  |  |   |  |
| 1,000 sq. ft. or less  | 1  | 194.64   |   | 4  |
| Ea. add'l 500 sq. ft. or portion   | 6  | 34.77  |   |  |
| Limited energy, residential (with above sq. ft.)                                 | 1  | 46.42  | 46.42   | 2  |
| Limited energy, multi-family residential (with above sq. ft.)                    |  | 91.72  |   | 2  |
| <b>Services or feeders installation, alteration, and/or relocation</b>           |  |  |   |  |
| 200 amps or less   | 1  | 115.83   | 115.83  | 2  |
| 201 amps to 400 amps   |  | 137.89   |   | 2  |
| 401 amps to 600 amps   |  | 229.34   |   | 2  |
| 601 amps to 1,000 amps   |  | 299.93   |   | 2  |
| Over 1,000 amps or volta   |  | 690.22   |   | 2  |
| Utility reconnect  |  | 91.72  |   | 1  |
| <b>Temporary services or feeders installation, alteration, and/or relocation</b> |  |  |   |  |
| 200 amps or less   |  | 91.72  |   | 2  |
| 201 amps to 400 amps   |  | 127.41   |   | 2  |
| 401 amps to 600 amps   |  | 184.11   |   | 2  |
| 601 amps to 1,000 amps   |  | 225.29   |   | 2  |
| <b>Branch circuits - new, alteration, or extension, per panel</b>                |  |  |   |  |
| A. Fee for branch circuits with above service or feeder fee, each branch circuit |  | 4.26   |   | 2  |
| B. Fee for branch circuits without service or feeder fee, first branch circuit   |  | 81.14  |   | 2  |
| Each add'l branch circuit  |  | 4.26   |   |  |
| <b>Miscellaneous (service or feeder not included)</b>                            |  |  |   |  |
| Each manufactured or modular dwelling, service, and/or feeder                    |  | 91.72  |   | 2  |
| Pump or irrigation circle  |  | 91.72  |   | 2  |
| Sign or outline lighting   |  | 91.72  |   | 2  |
| Signal circuit(s) or limited-energy panel, alteration, or extension. Describe:   |  | 91.72  |   | 2  |
| <b>Each additional inspection over allowable in any of the above</b>             |  |  |   |  |
| Per inspection   |  | 81.14  |   |  |
| Investigation fee  |  |  |   |  |
| Other:   |  |  |   |  |
| Electrical permit fees   |  |  |   |  |
| <b>SUBTOTAL</b>  |  |  | <b>162.25</b>   |  |
| Plan review (25% of permit fee)  |  |  |   |  |
| State surcharge (12% of permit fee)  |  |  |   | <b>19.47</b>   |
| <b>TOTAL PERMIT FEE</b>  |  |  | <b>\$181.72</b>   |  |

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete  
 \* Number of inspections allowed per permit.  
 Form B70-1002 REV 10/17

RECEIVED  
6/19/2020



| OFFICE USE ONLY             |                            |
|-----------------------------|----------------------------|
| Date Received:              | Permit No.:                |
| Date issued: <b>7-25-20</b> | By: <i>MF</i> B2020-2168   |
|                             | Payment Type: <i>Check</i> |

| TYPE OF WORK  |  |
|---|--|
| <input checked="" type="checkbox"/> New construction  | <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"/> Multi-family   | <input type="checkbox"/> Accessory building              |
| <input type="checkbox"/> Master builder <input type="checkbox"/> Other:   |  |
| JOB SITE INFORMATION AND LOCATION   |  |
| Job no.:  | Job address: <b>17422 SW CONDOR LANE</b>                 |
| City/State/ZIP: <b>BEAVERTON, OR 97007</b>  |  |
| Suite/bldg./apt. no.:   | Project name:  |
| Cross street/directions to job site: <b>175TH AVE AND SW BARROWS RD</b>   |  |
| Subdivision: <b>SOUTH COOPER MT</b>   | Lot no.: <b>192</b>                                      |
| Tax map/parcel no.:   |  |
| DESCRIPTION OF WORK   |  |
| <b>NEW CONSTRUCTION</b>   |  |
| <input checked="" type="checkbox"/> PROPERTY OWNER  | <input type="checkbox"/> TENANT                          |
| Name: <b>SK HOFF CONSTRUCTION</b>   |  |
| Address: <b>735 SW 158TH AVE</b>  |  |
| City/State/ZIP: <b>BEAVERTON, OR 97006</b>  |  |
| Phone: <b>(503) 641-7342</b>  | Fax: <b>(503) 641-7661</b>                               |
| E-mail: <b>sguerrero@arborhomes.com</b>   |  |
| Owner installation: This installation is being made on property that I own, which is not intended for sale, lease, rent, or exchange. |  |
| Owner signature: _____  | Date: <b>01/29/19</b>                                    |
| <input checked="" type="checkbox"/> APPLICANT   | <input type="checkbox"/> CONTACT PERSON                  |
| Business name: <b>SK HOFF CONSTRUCTION</b>  |  |
| Contact name: <b>SANDRO GUERRERO</b>  |  |
| Address: <b>735 SW 158TH AVE</b>  |  |
| City/State/ZIP: <b>BEAVERTON, OR 97006</b>  |  |
| Phone: <b>(503) 319-6963</b>  | Fax: <b>(503) 641-7661</b>                               |
| E-mail: <b>sguerrero@arborhomes.com</b>   |  |
| CONTRACTOR  |  |
| Business name: <b>Garner Electric</b>   |  |
| Address: <b>2920 SE BROOKWOOD AVE STE A</b>   |  |
| City/State/ZIP: <b>HILLSBORO, OR 97123</b>  |  |
| Phone: <b>(503) 648-4552</b>  | Fax:   |
| E-mail: <b>melgarner@garnerelectric.com</b>   | CCB lic. no.: <b>121159</b>                              |
| Electrical lic. no.: <b>34-305C</b>   | City or metro lic.: <b>4410</b>                          |
| Supervising electrician signature, required: <i>Chuck Garner</i>  |  |
| Print name: <b>Chuck Garner</b>   | Date: <b>01/29/19</b>                                    |
| Authorized signature: <i>Melissa Stock</i>  |  |
| Print name: <b>Melissa Stock</b>  | Date: <b>01/29/19</b>                                    |

| PLAN REVIEW   |  |        |               |                 |
|---|--|--------|---------------|-----------------|
| Please check all that apply:  |  |        |               |                 |
| <input type="checkbox"/> Service or feeder 400amps or more                        | <input type="checkbox"/> Service or feeder over 600 amps                             |        |               |                 |
| <input type="checkbox"/> Fire pump  | <input type="checkbox"/> Building over three stories                                 |        |               |                 |
| <input type="checkbox"/> Emergency system   | <input type="checkbox"/> Marinas and boatyards                                       |        |               |                 |
| <input type="checkbox"/> Addition of new motor load of 100HP or more              | <input type="checkbox"/> Floating buildings  |        |               |                 |
| <input type="checkbox"/> Six or more residential units                            | <input type="checkbox"/> Commercial-use agricultural buildings                       |        |               |                 |
| <input type="checkbox"/> Health-care facilities                                   | <input type="checkbox"/> Installation of 150 KVA or larger separately derived system |        |               |                 |
| <input type="checkbox"/> Hazardous locations                                      | <input type="checkbox"/> "A," "E," "F-2," "F-3" occupancy                            |        |               |                 |
|   | <input type="checkbox"/> Recreational vehicle parks                                  |        |               |                 |
| FEE SCHEDULE  |  |        |               |                 |
| Description   | Qty.   | Fee    | Total         | *               |
| <b>Residential single- or multi-family dwelling unit includes attached garage</b> |  |        |               |                 |
| 1,000 sq. ft. or less   | 1  | 194.84 |               | 4               |
| Ea. add'l 500 sq. ft. or portion  | 4  | 34.77  |               |                 |
| Limited energy, residential (with above sq. ft.)                                  | 1  | 46.42  | 46.42         | 2               |
| Limited energy, multi-family residential (with above sq. ft.)                     |  | 91.72  |               | 2               |
| <b>Services or feeders installation, alteration, and/or relocation</b>            |  |        |               |                 |
| 200 amps or less  | 1  | 115.83 | 115.83        | 2               |
| 201 amps to 400 amps  |  | 137.89 |               | 2               |
| 401 amps to 600 amps  |  | 229.34 |               | 2               |
| 601 amps to 1,000 amps  |  | 299.93 |               | 2               |
| Over 1,000 amps or volts  |  | 690.22 |               | 2               |
| Utility reconnect   |  | 91.72  |               | 1               |
| <b>Temporary services or feeders installation, alteration, and/or relocation</b>  |  |        |               |                 |
| 200 amps or less  |  | 91.72  |               | 2               |
| 201 amps to 400 amps  |  | 127.41 |               | 2               |
| 401 amps to 600 amps  |  | 184.11 |               | 2               |
| 601 amps to 1,000 amps  |  | 225.29 |               | 2               |
| <b>Branch circuits - new, alteration, or extension, per panel</b>                 |  |        |               |                 |
| A. Fee for branch circuits with above service or feeder fee, each branch circuit  |  | 4.26   |               | 2               |
| B. Fee for branch circuits without service or feeder fee, first branch circuit    |  | 81.14  |               | 2               |
| Each add'l branch circuit   |  | 4.26   |               |                 |
| <b>Miscellaneous (service or feeder not included)</b>                             |  |        |               |                 |
| Each manufactured or modular dwelling, service, and/or feeder                     |  | 91.72  |               | 2               |
| Pump or irrigation circle   |  | 91.72  |               | 2               |
| Sign or outline lighting  |  | 91.72  |               | 2               |
| Signal circuit(s) or limited-energy panel, alteration, or extension. Describe:    |  | 91.72  |               | 2               |
| <b>Each additional inspection over allowable in any of the above</b>              |  |        |               |                 |
| Per inspection  |  | 81.14  |               |                 |
| Investigation fee   |  |        |               |                 |
| Other:  |  |        |               |                 |
| Electrical permit fees  |  |        |               |                 |
| <b>SUBTOTAL</b>   |  |        | <b>162.25</b> |                 |
| Plan review (25% of permit fee)   |  |        |               |                 |
| State surcharge (12% of permit fee)   |  |        |               | <b>19.47</b>    |
| <b>TOTAL PERMIT FEE</b>   |  |        |               | <b>\$181.72</b> |

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete  
\* Number of inspections allowed per permit.  
Form 870-1002 REV 10/17



**City Of Beaverton**  
 12725 SW Millikan Way  
 Beaverton, OR 97076  
 Phone: 503-526-2542  
 Email: cunderwood@beavertonoregon.gov

**Commercial Electrical Authorization To Begin Work**

**05350-BEL-20-00529**

Approval Code: 668764 7/28/2020 7:56 am

E-mailed To: sang.huynh@pakalovolt.com

32020-2486

| TYPE OF WORK  |   |
|---|---|
| <input type="checkbox"/> New Construction                                 | <input checked="" type="checkbox"/> Addition/alteration/replacement   |
| CATEGORY OF CONSTRUCTION  |   |
| <input type="checkbox"/> 1 or 2 family dwelling                           | <input type="checkbox"/> Multi-family <input checked="" type="checkbox"/> Commercial <input type="checkbox"/> Accessory |
| JOB SITE INFORMATION AND LOCATION   |   |
| Job Address: 3211 SW CEDAR HILLS BLVD                                     |   |
| City/State/ZIP: BEAVERTON, OR 97005                                       |   |
| Suite/bldg./apt.no.:  |   |
| Project Name: McGraths  |   |
| Cross Street/directions to job site: Cedar Hills between Hall and Jenkins |   |
| Tax map/parcel no.: 1S1090000200  |   |
| DESCRIPTION OF WORK   |   |
| Data, Audio, CCTV   |   |
| APPLICANT   |   |
| Name: Sang Huynh  |   |
| Phone: 5033677092   | Fax:  |
| Email:  |   |
| CONTRACTOR  |   |
| Elec lic. no.: CLE434   | CCB lic. no.: 209955  |
| Business Name: PAKA LOW VOLT LLC  |   |
| Contact:  |   |
| Address: 1103 SE 191ST AVE  |   |
| City/State/ZIP: VANCOUVER, WA 98683                                       |   |
| Phone: 5033677092   | Fax:  |
| Email: sang.huynh@pakalovolt.com  |   |
| Metro lic. no.:   | City lic. no.:  |
| Supervising Electrician's lic. no.:                                       |   |
| Supervising Electrician's Name:   |   |
| Number of inspections included in paid services:                          |   |
| Residential Service:  | 4   |
| Reconnect Only:   | 1   |
| All Other Services:   | 2   |

| PLAN REVIEW   |      |  |                 |
|---|------|--|-----------------|
| Please check all that apply:  |      | <input type="checkbox"/> Hazardous locations<br><input type="checkbox"/> A service or feeder rated at 600 amps or more<br><input type="checkbox"/> Buildings more than three stor<br><input type="checkbox"/> Marinas and boat yards<br><input type="checkbox"/> Floating buildings<br><input type="checkbox"/> Commercial-use agricultural builddings<br><input type="checkbox"/> Installation of a 150 KVA or larger seperately derived sys<br><input type="checkbox"/> "A", "E", or "I-2" or "I-3"<br><input type="checkbox"/> Recreational Vehicle Parks<br><input type="checkbox"/> Supply voltage for more than 600 supply volts nominal |                 |
| <input type="checkbox"/> A service or feeder beginning at 400 Amps where the available fault current exceeds 10,000 Amps at 150 Volts or less to ground exceeds 14,000 Amps for all other<br><br><input type="checkbox"/> Fire pumps<br><input type="checkbox"/> Emergency systems<br><input type="checkbox"/> Addition of a new motor load of 100 HP or more<br><input type="checkbox"/> Six or more residential units in one structure<br><input type="checkbox"/> Health care facilities |      |  |                 |
| FEE SCHEDULE  |      |  |                 |
| Description   | Qty. | Ea.  | Total           |
| <b>Limited Energy</b>   |      |  |                 |
| Stand-alone limited energy, commercial  | 1    | \$91.72  | \$91.72         |
| <b>Electrical Permit Fees</b>   |      |  |                 |
| Subtotal  |      |  | \$91.72         |
| State surcharge (12% of permit total)   |      |  | \$11.01         |
| <b>TOTAL PERMIT FEE</b>   |      |  | <b>\$102.73</b> |

Upon review and approval by your local Jurisdiction, your permit will be e-mailed or faxed within one business day, with instructions on how to schedule your inspection.

NOTE: This Authorization To Begin Work expires within 180 days if a permit is not obtained.

The local building department may determine that an Authorization To Begin Work is null and void if it does not meet applicable land use laws and local ordinances.

**This Authorization to Begin Work is not a permit, to schedule inspections you need a permit from City Of Beaverton**  
 Inspections Phone: 503-526-2400 Inspections Email: cunderwood@beavertonoregon.gov  
**This Authorization To Begin Work must be posted at the job site until replaced by a Permit**



**City Of Beaverton**  
 12725 SW Millikan Way  
 Beaverton, OR 97076  
 Phone: 503-526-2542  
 Email: cunderwood@beavertonoregon.gov

**Residential Electrical Authorization To Begin Work**

**05350-BEL-20-00530**

Approval Code: 05191G 7/28/2020 1:35 pm

E-mailed To: bjpelster@gmail.com

B2020-2094

| TYPE OF WORK   |  |
|--|--|
| <input type="checkbox"/> New Construction                  | <input checked="" type="checkbox"/> Addition/alteration/replacement  |
| CATEGORY OF CONSTRUCTION                                   |  |
| <input checked="" type="checkbox"/> 1 or 2 family dwelling | <input type="checkbox"/> Multi-family <input type="checkbox"/> Commercial <input type="checkbox"/> Accessory |
| JOB SITE INFORMATION AND LOCATION                          |  |
| Job Address: 11755 SW CONESTOGA DR                         |  |
| City/State/ZIP: BEAVERTON, OR 97008                        |  |
| Suite/bldg./apt.no.:                                       |  |
| Project Name: Panel change                                 |  |
| Cross Street/directions to job site:                       |  |
| Tax map/parcel no.:  | 1S127CD01900   |
| DESCRIPTION OF WORK  |  |
| Panel change   |  |
| APPLICANT  |  |
| Name: BENJAMIN PELSTER                                     |  |
| Phone: 5036809141  | Fax:   |
| Email:   |  |
| CONTRACTOR   |  |
| Elec lic. no.: C1168                                       | CCB lic. no.: 208614   |
| Business Name: SB ELECTRIC INC                             |  |
| Contact:   |  |
| Address: 58569 PEBBLE CREEK RD                             |  |
| City/State/ZIP: VERNONIA, OR 97064                         |  |
| Phone: 5035062290  | Fax:   |
| Email: mrelectricofhillsboro@GMAIL.COM                     |  |
| Metro lic. no.:  | City lic. no.:   |
| Supervising Electrician's lic. no.:                        |  |
| Supervising Electrician's Name:                            |  |
| Number of inspections included in paid services:           |  |
| Residential Service:                                       | 4  |
| Reconnect Only:  | 1  |
| All Other Services:  | 2  |

| PLAN REVIEW   |      |   |                 |
|---|------|---|-----------------|
| Please check all that apply:  |      | <input type="checkbox"/> Hazardous locations<br><input type="checkbox"/> A service or feeder rated at 600 amps or more<br><input type="checkbox"/> Buildings more than three stor<br><input type="checkbox"/> Marinas and boat yards<br><input type="checkbox"/> Floating buildings<br><input type="checkbox"/> Commercial-use agricultural buildings<br><input type="checkbox"/> Installation of a 150 KVA or larger separately derived sys<br><input type="checkbox"/> "A", "E", or "I-2" or "I-3"<br><input type="checkbox"/> Recreational Vehicle Parks<br><input type="checkbox"/> Supply voltage for more than 600 supply volts nominal |                 |
| <input type="checkbox"/> A service or feeder beginning at 400 Amps where the available fault current exceeds 10,000 Amps at 150 Volts or less to ground exceeds 14,000 Amps for all other<br><br><input type="checkbox"/> Fire pumps<br><input type="checkbox"/> Emergency systems<br><input type="checkbox"/> Addition of a new motor load of 100 HP or more<br><input type="checkbox"/> Six or more residential units in one structure<br><input type="checkbox"/> Health care facilities |      |   |                 |
| FEE SCHEDULE  |      |   |                 |
| Description   | Qty. | Ea.   | Total           |
| Services or feeders   |      |   |                 |
| Services 200 amps or less   | 1    | \$115.83  | \$115.83        |
| Electrical Permit Fees  |      |   |                 |
| Subtotal  |      |   | \$115.83        |
| State surcharge (12% of permit total)   |      |   | \$13.90         |
| <b>TOTAL PERMIT FEE</b>   |      |   | <b>\$129.73</b> |

Upon review and approval by your local jurisdiction, your permit will be e-mailed or faxed within one business day, with instructions on how to schedule your inspection.

NOTE: This Authorization To Begin Work expires within 180 days if a permit is not obtained.

The local building department may determine that an Authorization To Begin Work is null and void if it does not meet applicable land use laws and local ordinances.

**This Authorization to Begin Work is not a permit, to schedule inspections you need a permit from City Of Beaverton**  
 Inspections Phone: 503-526-2400 Inspections Email: cunderwood@beavertonoregon.gov  
**This Authorization To Begin Work must be posted at the job site until replaced by a Permit**



**City Of Beaverton**  
 12725 SW Milkan Way  
 Beaverton, OR 97076  
 Phone: 503-526-2542  
 Email: cunderwood@beavertonoregon.gov

**Commercial Electrical Authorization To Begin Work**

B2020-2695

**05350-BEL-20-00531**

Approval Code: 518295 7/28/2020 1:59 pm

E-mailed To: drew@protechpdx.com

| TYPE OF WORK  |   |
|---|---|
| <input type="checkbox"/> New Construction                                     | <input checked="" type="checkbox"/> Addition/alteration/replacement   |
| CATEGORY OF CONSTRUCTION  |   |
| <input type="checkbox"/> 1 or 2 family dwelling                               | <input type="checkbox"/> Multi-family <input checked="" type="checkbox"/> Commercial <input type="checkbox"/> Accessory |
| JOB SITE INFORMATION AND LOCATION   |   |
| Job Address: 10297 SW TRAPPER TER   |   |
| City/State/ZIP: BEAVERTON, OR 97008   |   |
| Suite/bldg./apt.no.:  |   |
| Project Name: Floten  |   |
| Cross Street/directions to job site:  |   |
| Tax map/parcel no.: 1S134BA90562  |   |
| DESCRIPTION OF WORK   |   |
| Electrical for mini split, remove and replace (28) outlets and (17) switches. |   |
| APPLICANT   |   |
| Name: Drew Anderson   |   |
| Phone: 5037806207   | Fax:  |
| Email:  |   |
| CONTRACTOR  |   |
| Elec lic. no.: C916   | CCB lic. no.: 198878  |
| Business Name: PRO TECH POWER CORP  |   |
| Contact:  |   |
| Address: PO BOX 988   |   |
| City/State/ZIP: DALLAS, OR 97338  |   |
| Phone: 5037806207   | Fax: 5036236023   |
| Email: ba_acct@msn.com  |   |
| Metro lic. no.:   | City lic. no.:  |
| Supervising Electrician's lic. no.:   |   |
| Supervising Electrician's Name:   |   |
| Number of inspections included in paid services:                              |   |
| Residential Service:  | 4   |
| Reconnect Only:   | 1   |
| All Other Services:   | 2   |

| PLAN REVIEW   |   |   |  |
|---|---|---|--|
| Please check all that apply:  |   |   |  |
| <input type="checkbox"/> A service or feeder beginning at 400 Amps where the available fault current exceeds 10,000 Amps at 150 Volts or less to ground exceeds 14,000 Amps for all other | <input type="checkbox"/> Hazardous locations                            | <input type="checkbox"/> A service or feeder rated at 600 amps or more              | <input type="checkbox"/> Buildings more than three stor                        |
| <input type="checkbox"/> Fire pumps   | <input type="checkbox"/> Emergency systems                              | <input type="checkbox"/> Installation of a 150 KVA or larger separately derived sys | <input type="checkbox"/> "A", "E", or "I-2" or "I-3"                           |
| <input type="checkbox"/> Addition of a new motor load of 100 HP or more   | <input type="checkbox"/> Six or more residential units in one structure | <input type="checkbox"/> Recreational Vehicle Parks                                 | <input type="checkbox"/> Supply voltage for more than 600 supply volts nominal |
| <input type="checkbox"/> Health care facilities   |   |   |  |
| FEE SCHEDULE  |   |   |  |
| Description   | Qty.  | Ea.   | Total  |
| <b>Branch circuits</b>  |   |   |  |
| Branch circuits without service or feeder   | 1   | \$81.14   | \$81.14  |
| Branch circuits each additional circuit without service   | 2   | \$4.26  | \$8.52   |
| <b>Electrical Permit Fees</b>   |   |   |  |
| Subtotal  |   |   | \$89.66  |
| State surcharge (12% of permit total)   |   |   | \$10.76  |
| <b>TOTAL PERMIT FEE</b>   |   |   | <b>\$100.42</b>  |

Upon review and approval by your local jurisdiction, your permit will be e-mailed or faxed within one business day, with instructions on how to schedule your inspection.

NOTE: This Authorization To Begin Work expires within 180 days if a permit is not obtained.

The local building department may determine that an Authorization To Begin Work is null and void if it does not meet applicable land use laws and local ordinances.

**This Authorization to Begin Work is not a permit, to schedule inspections you need a permit from City Of Beaverton**  
 Inspections Phone: 503-526-2400 Inspections Email: cunderwood@beavertonoregon.gov  
 This Authorization To Begin Work must be posted at the job site until replaced by a Permit



# Renewable Electrical Energy Permit Application

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 Recd: 07/28/2020     | Permit No: B2020-2683  |
| Date Issued: 7-29-20      | By: <i>[Signature]</i> |
| Payment Type: <i>VISA</i> |                        |

| TYPE OF WORK  |   |
|---|---|
| <input type="checkbox"/> New construction   | <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"/> Multi-family   | <input type="checkbox"/> Accessory building                         |
| <input type="checkbox"/> Other:   |   |
| JOB SITE INFORMATION AND LOCATION   |   |
| Job no.:  | Job 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 modules  |   |
| <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   |   |
| Owner installation: This installation is being made on property that I own, which is not intended for sale, lease, rent, or exchange. |   |
| Owner signature: _____  | Date: _____   |
| CONTRACTOR  |   |
| Business name: Sunbridge Solar  |   |
| Address: 421 C St Unit 5A   |   |
| City/State/ZIP: Washougal, WA 98671   |   |
| Phone: (971) 325-4164   | Fax:  |
| E-mail: haley@sunbridgesolar.com  | CCB lic. no.: 189787  |
| Electrical lic. no.: C1123  | City or metro lic.: 11419   |
| Supervising electrician signature, required: <i>[Signature]</i>   |   |
| Print name: Dennis Patrick  | Date: 07/24/20  |
| Authorized signature: <i>[Signature]</i>  |   |
| Print name: Haley Polk  | Date: 07/24/20  |

| FEE SCHEDULE  |              |           |                |
|---|--------------|-----------|----------------|
| Number of inspections per item ( )<br>Renewable energy installation per system total  | No. of Items | Cost Each | Total          |
| 5 kva or less (2)   | 1            | 81.14     | 81.14          |
| 5.01 to 15 kva (2)  |              | 115.83    |                |
| 15.01 to 25 kva (2)   |              | 137.89    |                |
| 25.01 kva and over (2)  |              | 229.34    |                |
| Miscellaneous fees, hourly rate   |              | 80.00     |                |
| Each additional inspection (1)<br>(OAR 918-309-0070)  |              | 81.14     |                |
| FEE TOTALS  |              |           | Recalculate    |
| Subtotal  |              |           | 0.00           |
| <input type="checkbox"/> << Check box if plan review is required<br>Plan review required for systems over 25 kva at 25% of Subtotal. No 12% surcharge on plan review fee. (25% of permit fee) |              |           |                |
| State surcharge (12% of permit fee)   |              |           | 0.00           |
| <b>TOTAL PERMIT FEE</b>   |              |           | <b>\$90.88</b> |

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

Form B70-1005

REV 10/17

**CITY OF BEAVERTON  
 AFFIDAVIT  
 PERMIT #: B2020-2682  
 ISSUED BY: CL  
 DATE: 7/28/2020**

B2020-2544

| TYPE OF WORK                                     |   |
|--|---|
| <input type="checkbox"/> New Construction        | <input checked="" type="checkbox"/> Addition/alteration/replacement |
| CATEGORY OF CONSTRUCTION                         |   |
| <input type="checkbox"/> 1 or 2 family dwelling  | <input type="checkbox"/> Multi-family                               |
| <input type="checkbox"/> Commercial              | <input type="checkbox"/> Accessory                                  |
| JOB SITE INFORMATION AND LOCATION                |   |
| Job Address: 3211 SW CEDAR HILLS BLVD            |   |
| City/State/ZIP: BEAVERTON, OR 97005              |   |
| Suite/bldg./apt.no.:                             |   |
| Project Name: OSWEGO GRILL                       |   |
| Cross Street/directions to job site:             |   |
| Tax map/parcel no.: 1S1090000200                 |   |
| DESCRIPTION OF WORK                              |   |
| FIRE ALARM TENANT IMPROVEMENT                    |   |
| APPLICANT  |   |
| Name: Larry Bushaw                               |   |
| Phone: 3607379725                                | Fax: 3607379648   |
| Email:   |   |
| CONTRACTOR                                       |   |
| Elec lic. no.: 37-428CLE                         | CCB lic. no.: 67787   |
| Business Name: T & L COMMUNICATIONS INC          |   |
| Contact:   |   |
| Address: 2800 NE 65TH AVE                        |   |
| City/State/ZIP: VANCOUVER, WA 98661              |   |
| Phone: 3607379725                                | Fax: 3607379648   |
| Email: OFFICE@TL-COMMUNICATIONS.COM              |   |
| Metro lic. no.:                                  | City lic. no.:  |
| Supervising Electrician's lic. no.:              |   |
| Supervising Electrician's Name:                  |   |
| Number of inspections included in paid services: |   |
| Residential Service:                             | 4   |
| Reconnect Only:                                  | 1   |
| All Other Services:                              | 2   |

| PLAN REVIEW   |   |   |  |
|---|---|---|--|
| Please check all that apply:  |   |   |  |
| <input type="checkbox"/> A service or feeder beginning at 400 Amps where the available fault current exceeds 10,000 Amps at 150 Volts or less to ground exceeds 14,000 Amps for all other | <input type="checkbox"/> Hazardous locations                            | <input type="checkbox"/> A service or feeder rated at 600 amps or more              | <input type="checkbox"/> Buildings more than three stor                        |
| <input type="checkbox"/> Fire pumps   | <input type="checkbox"/> Emergency systems                              | <input type="checkbox"/> Installation of a 150 KVA or larger separately derived sys | <input type="checkbox"/> "A", "E", or "I-2" or "I-3"                           |
| <input type="checkbox"/> Addition of a new motor load of 100 HP or more   | <input type="checkbox"/> Six or more residential units in one structure | <input type="checkbox"/> Recreational Vehicle Parks                                 | <input type="checkbox"/> Supply voltage for more than 600 supply volts nominal |
| <input type="checkbox"/> Health care facilities   |   |   |  |
| FEE SCHEDULE  |   |   |  |
| Description   | Qty.  | Ea.   | Total  |
| <b>Miscellaneous</b>  |   |   |  |
| Signal circuit(s) or limited-energy panel, alteration, or extension   | 1   | \$91.72   | \$91.72  |
| <b>Electrical Permit Fees</b>   |   |   |  |
| Subtotal  |   |   | \$91.72  |
| State surcharge (12% of permit total)   |   |   | \$11.01  |
| <b>TOTAL PERMIT FEE</b>   |   |   | <b>\$102.73</b>  |

Upon review and approval by your local jurisdiction, your permit will be e-mailed or faxed within one business day, with instructions on how to schedule your inspection.

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**This Authorization to Begin Work is not a permit, to schedule inspections you need a permit from City Of Beaverton**  
 Inspections Phone: 503-526-2400 Inspections Email: cunderwood@beavertonoregon.gov  
 This Authorization To Begin Work must be posted at the job site until replaced by a Permit



**City Of Beaverton**  
 12726 SW Millikan Way  
 Beaverton, OR 97076  
 Phone: 503-526-2542  
 Email: cunderwood@beavertonoregon.gov

**Residential Electrical Authorization To Begin Work**

**05350-BEL-20-00508**

Approval Code: 478848 7/20/2020 3:18 pm

E-mailed To: leeann@aandj-electric.com

B 2020-2539

| TYPE OF WORK   |  |
|--|--|
| <input type="checkbox"/> New Construction                  | <input checked="" type="checkbox"/> Addition/alteration/replacement  |
| CATEGORY OF CONSTRUCTION                                   |  |
| <input checked="" type="checkbox"/> 1 or 2 family dwelling | <input type="checkbox"/> Multi-family <input type="checkbox"/> Commercial <input type="checkbox"/> Accessory |
| JOB SITE INFORMATION AND LOCATION                          |  |
| Job Address: 7005 SW FIR CT                                |  |
| City/State/ZIP: BEAVERTON, OR 97008                        |  |
| Suite/bldg./apt.no.:                                       |  |
| Project Name:  |  |
| Cross Street/directions to job site:                       |  |
| Tax map/parcel no.: 1S121DA01300                           |  |
| DESCRIPTION OF WORK  |  |
| panel change   |  |
| APPLICANT  |  |
| Name: Leeann Greason                                       |  |
| Phone: 503-359-5891  | Fax: 503-359-1981  |
| Email:   |  |
| CONTRACTOR   |  |
| Elec lic. no.: 34-1C                                       | CCB lic. no.: 959  |
| Business Name: A & J ELECTRIC INC                          |  |
| Contact:   |  |
| Address: PO BOX 330  |  |
| City/State/ZIP: FOREST GROVE, OR 971160330                 |  |
| Phone: 5033595891  | Fax:   |
| Email: Leeann@aandj-electric.com                           |  |
| Metro lic. no.:  | City lic. no.:   |
| Supervising Electrician's lic. no.:                        |  |
| Supervising Electrician's Name:                            |  |
| Number of inspections included in paid services:           |  |
| Residential Service:                                       | 4  |
| Reconnect Only:  | 1  |
| All Other Services:  | 2  |

| PLAN REVIEW   |   |   |  |
|---|---|---|--|
| <b>Please check all that apply:</b>   |   | <input type="checkbox"/> Hazardous locations  |  |
| <input type="checkbox"/> A service or feeder beginning at 400 Amps where the available fault current exceeds 10,000 Amps at 150 Volts or less to ground exceeds 14,000 Amps for all other | <input type="checkbox"/> A service or feeder rated at 600 amps or more  | <input type="checkbox"/> Buildings more than three stor                             | <input type="checkbox"/> Marinas and boat yards                                |
| <input type="checkbox"/> Fire pumps   | <input type="checkbox"/> Emergency systems                              | <input type="checkbox"/> Floating buildings   | <input type="checkbox"/> Commercial-use agricultural buildings                 |
| <input type="checkbox"/> Addition of a new motor load of 100 HP or more   | <input type="checkbox"/> Six or more residential units in one structure | <input type="checkbox"/> Installation of a 150 KVA or larger seperately derived sys | <input type="checkbox"/> "A", "E", or "I-2" or "I-3"                           |
| <input type="checkbox"/> Health care facilities   |   | <input type="checkbox"/> Recreational Vehicle Parks                                 | <input type="checkbox"/> Supply voltage for more than 600 supply volts nominal |
| FEE SCHEDULE  |   |   |  |
| Description   | Qty.  | Ea.   | Total  |
| <b>Services or feeders</b>  |   |   |  |
| Services 200 amps or less   | 1   | \$115.83  | \$115.83   |
| <b>Electrical Permit Fees</b>   |   |   |  |
| Subtotal  |   |   | \$115.83   |
| State surcharge (12% of permit total)   |   |   | \$13.90  |
| <b>TOTAL PERMIT FEE</b>   |   |   | <b>\$129.73</b>  |

Upon review and approval by your local jurisdiction, your permit will be e-mailed or faxed within one business day, with instructions on how to schedule your inspection.

NOTE: This Authorization To Begin Work expires within 180 days if a permit is not obtained.

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**This Authorization to Begin Work is not a permit, to schedule inspections you need a permit from City Of Beaverton**  
 Inspections Phone: 503-526-2400 Inspections Email: cunderwood@beavertonoregon.gov  
 This Authorization To Begin Work must be posted at the job site until replaced by a Permit



**City Of Beaverton**  
 12725 SW Millikan Way  
 Beaverton, OR 97076  
 Phone: 503-526-2542  
 Email: cunderwood@beavertonoregon.gov

**Commercial Electrical Authorization To Begin Work**

**05350-BEL-20-00512**

Approval Code: 072372 7/21/2020 1:20 pm

E-mailed To: lmceachern@dyna-oregon.com

B 2020-2596

| TYPE OF WORK                                     |   |
|--|---|
| <input type="checkbox"/> New Construction        | <input checked="" type="checkbox"/> Addition/alteration/replacement   |
| CATEGORY OF CONSTRUCTION                         |   |
| <input type="checkbox"/> 1 or 2 family dwelling  | <input type="checkbox"/> Multi-family <input checked="" type="checkbox"/> Commercial <input type="checkbox"/> Accessory |
| JOB SITE INFORMATION AND LOCATION                |   |
| Job Address: 9205 SW GEMINI DR                   |   |
| City/State/ZIP: BEAVERTON, OR 97008              |   |
| Suite/bldg./apt.no.: C                           |   |
| Project Name: Rexel TI                           |   |
| Cross Street/directions to job site:             |   |
| Tax map/parcel no.: 1S127DB00700                 |   |
| DESCRIPTION OF WORK                              |   |
| Tenant Improvement-(3) Circuits                  |   |
| APPLICANT  |   |
| Name: Ryan Hunt                                  |   |
| Phone: 5033120565                                | Fax: 5032267720   |
| Email:   |   |
| CONTRACTOR                                       |   |
| Elec lic. no.: 26-59C                            | CCB lic. no.: 66793   |
| Business Name: DYNALECTRIC CO                    |   |
| Contact:   |   |
| Address: 5805 SW HOOD AVE                        |   |
| City/State/ZIP: PORTLAND, OR 97239               |   |
| Phone: 5032266771                                | Fax: 5032267818   |
| Email: lmceachern@dyna-portland.com              |   |
| Metro lic. no.:                                  | City lic. no.:  |
| Supervising Electrician's lic. no.:              |   |
| Supervising Electrician's Name:                  |   |
| Number of inspections included in paid services: |   |
| Residential Service:                             | 4   |
| Reconnect Only:                                  | 1   |
| All Other Services:                              | 2   |

| PLAN REVIEW   |   |   |  |
|---|---|---|--|
| <b>Please check all that apply:</b>   |   | <input type="checkbox"/> Hazardous locations  |  |
| <input type="checkbox"/> A service or feeder beginning at 400 Amps where the available fault current exceeds 10,000 Amps at 150 Volts or less to ground exceeds 14,000 Amps for all other | <input type="checkbox"/> A service or feeder rated at 600 amps or more  | <input type="checkbox"/> Buildings more than three stor                             | <input type="checkbox"/> Marinas and boat yards                                |
| <input type="checkbox"/> Fire pumps   | <input type="checkbox"/> Emergency systems                              | <input type="checkbox"/> Floating buildings   | <input type="checkbox"/> Commercial-use agricultural buildings                 |
| <input type="checkbox"/> Addition of a new motor load of 100 HP or more   | <input type="checkbox"/> Six or more residential units in one structure | <input type="checkbox"/> Installation of a 150 KVA or larger separately derived sys | <input type="checkbox"/> "A", "E", or "I-2" or "I-3"                           |
| <input type="checkbox"/> Health care facilities   |   | <input type="checkbox"/> Recreational Vehicle Parks                                 | <input type="checkbox"/> Supply voltage for more than 600 supply volts nominal |
| FEE SCHEDULE  |   |   |  |
| Description   | Qty.  | Ea.   | Total  |
| <b>Branch circuits</b>  |   |   |  |
| Branch circuits without service or feeder   | 1   | \$81.14   | \$81.14  |
| Branch circuits each additional circuit without service   | 2   | \$4.26  | \$8.52   |
| <b>Electrical Permit Fees</b>   |   |   |  |
| Subtotal  |   |   | \$89.66  |
| State surcharge (12% of permit total)   |   |   | \$10.76  |
| <b>TOTAL PERMIT FEE</b>   |   |   | <b>\$100.42</b>  |

Upon review and approval by your local jurisdiction, your permit will be e-mailed or faxed within one business day, with instructions on how to schedule your inspection.

NOTE: This Authorization To Begin Work expires within 180 days if a permit is not obtained.

The local building department may determine that an Authorization To Begin Work is null and void if it does not meet applicable land use laws and local ordinances.

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 Inspections Phone: 503-526-2400 Inspections Email: cunderwood@beavertonoregon.gov  
 This Authorization To Begin Work must be posted at the job site until replaced by a Permit



City Of Beaverton

12725 SW Millikan Way
Beaverton, OR 97076
Phone: 503-526-2542

Email: cunderwood@beavertonoregon.gov

Residential Electrical Authorization To Begin Work

05350-BEL-20-00511

Approval Code: 409895 7/21/2020 12:22 pm

E-mailed To: heather.d@beaverelectricnw.com

B 2020-2594

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

PLAN REVIEW
FEE SCHEDULE
Table with columns: Description, Qty., Ea., Total

Upon review and approval by your local jurisdiction, your permit will be e-mailed or faxed within one business day, with instructions on how to schedule your inspection.

NOTE: This Authorization To Begin Work expires within 180 days if a permit is not obtained.

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Inspections Phone: 503-526-2400 Inspections Email: cunderwood@beavertonoregon.gov
This Authorization To Begin Work must be posted at the job site until replaced by a Permit

B 2020- 2513



City Of Beaverton
12725 SW Milikan Way
Beaverton, OR 97076
Phone: 503-526-2542
Email: cunderwood@beavertonoregon.gov

Residential Electrical Authorization To Begin Work

05350-BEL-20-00510

Approval Code: 09730G 7/21/2020 11:40 am

E-mailed To: crystalr@westsideelectric.com

Form with sections: TYPE OF WORK, CATEGORY OF CONSTRUCTION, JOB SITE INFORMATION AND LOCATION, DESCRIPTION OF WORK, APPLICANT, CONTRACTOR, and inspection details.

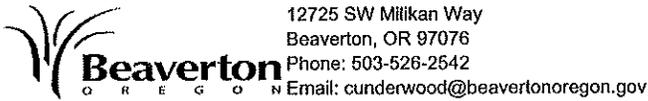
Form with sections: PLAN REVIEW (checkboxes for hazardous locations, service ratings, etc.) and FEE SCHEDULE (table with columns: Description, Qty, Ea, Total).

Upon review and approval by your local jurisdiction, your permit will be e-mailed or faxed within one business day, with instructions on how to schedule your inspection.

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Inspections Phone: 503-526-2400 Inspections Email: cunderwood@beavertonoregon.gov
This Authorization To Begin Work must be posted at the job site until replaced by a Permit



**Residential Electrical Authorization To Begin Work**

**05350-BEL-20-00513**

Approval Code: 021950 7/21/2020 3:59 pm

E-mailed To: precisionnelectrical@yahoo.com

B2020-2603

| TYPE OF WORK  |  |
|---|--|
| <input type="checkbox"/> New Construction                     | <input checked="" type="checkbox"/> Addition/alteration/replacement  |
| CATEGORY OF CONSTRUCTION                                      |  |
| <input checked="" type="checkbox"/> 1 or 2 family dwelling    | <input type="checkbox"/> Multi-family <input type="checkbox"/> Commercial <input type="checkbox"/> Accessory |
| JOB SITE INFORMATION AND LOCATION                             |  |
| Job Address: 6470 SW KING BLVD                                |  |
| City/State/ZIP: BEAVERTON, OR 97008                           |  |
| Suite/bldg./apt.no.:  |  |
| Project Name: RAM   |  |
| Cross Street/directions to job site:                          |  |
| Tax map/parcel no.: 1S122AB04400                              |  |
| DESCRIPTION OF WORK   |  |
| 1- alter circuit bathroom heater<br>2- alter circuit lighting |  |
| APPLICANT   |  |
| Name: Kevin Riggs   |  |
| Phone: 503-880-2754   | Fax: 503-594-2873  |
| Email:  |  |
| CONTRACTOR  |  |
| Elec lic. no.: C47  | CCB lic. no.: 163318   |
| Business Name: PRECISION NW ELECTRICAL CONTRACTORS LLC        |  |
| Contact:  |  |
| Address: 14842 SE REGNER TERRACE                              |  |
| City/State/ZIP: BORING, OR 97009                              |  |
| Phone: 5038802754   | Fax: 5036581615  |
| Email: PRECISIONNWELECTRICAL@YAHOO.COM                        |  |
| Metro lic. no.:   | City lic. no.:   |
| Supervising Electrician's lic. no.:                           |  |
| Supervising Electrician's Name:                               |  |
| Number of inspections included in paid services:              |  |
| Residential Service:  | 4  |
| Reconnect Only:   | 1  |
| All Other Services:   | 2  |

| PLAN REVIEW   |   |   |  |
|---|---|---|--|
| <b>Please check all that apply:</b>   |   | <input type="checkbox"/> Hazardous locations  |  |
| <input type="checkbox"/> A service or feeder beginning at 400 Amps where the available fault current exceeds 10,000 Amps at 150 Volts or less to ground exceeds 14,000 Amps for all other | <input type="checkbox"/> A service or feeder rated at 600 amps or more  | <input type="checkbox"/> Buildings more than three stor                             | <input type="checkbox"/> Marinas and boat yards                                |
| <input type="checkbox"/> Fire pumps   | <input type="checkbox"/> Emergency systems                              | <input type="checkbox"/> Floating buildings   | <input type="checkbox"/> Commercial-use agricultural buildings                 |
| <input type="checkbox"/> Addition of a new motor load of 100 HP or more   | <input type="checkbox"/> Six or more residential units in one structure | <input type="checkbox"/> Installation of a 150 KVA or larger separately derived sys | <input type="checkbox"/> "A", "E", or "I-2" or "I-3"                           |
| <input type="checkbox"/> Health care facilities   |   | <input type="checkbox"/> Recreational Vehicle Parks                                 | <input type="checkbox"/> Supply voltage for more than 600 supply volts nominal |
| FEE SCHEDULE  |   |   |  |
| Description   | Qty.  | Ea.   | Total  |
| <b>Branch circuits</b>  |   |   |  |
| Branch circuits without service or feeder   | 1   | \$81.14   | \$81.14  |
| Branch circuits each additional circuit without service   | 1   | \$4.26  | \$4.26   |
| <b>Electrical Permit Fees</b>   |   |   |  |
| Subtotal  |   |   | \$85.40  |
| State surcharge (12% of permit total)   |   |   | \$10.25  |
| <b>TOTAL PERMIT FEE</b>   |   |   | <b>\$95.65</b>   |

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 Inspections Phone: 503-526-2400 Inspections Email: cunderwood@beavertonoregon.gov  
**This Authorization To Begin Work must be posted at the job site until replaced by a Permit**



**City Of Beaverton**  
 12725 SW Millkan Way  
 Beaverton, OR 97076  
 Phone: 503-526-2542  
 Email: cunderwood@beavertonoregon.gov

**Residential Electrical Authorization To Begin Work**

**05350-BEL-20-00515**

Approval Code: 078953 7/22/2020 7:48 am

E-mailed To: tina@redselectric.com

| TYPE OF WORK   |  |
|--|--|
| <input type="checkbox"/> New Construction                  | <input checked="" type="checkbox"/> Addition/alteration/replacement  |
| CATEGORY OF CONSTRUCTION                                   |  |
| <input checked="" type="checkbox"/> 1 or 2 family dwelling | <input type="checkbox"/> Multi-family <input type="checkbox"/> Commercial <input type="checkbox"/> Accessory |
| JOB SITE INFORMATION AND LOCATION                          |  |
| Job Address: 6750 SW IMPERIAL DR                           |  |
| City/State/ZIP: BEAVERTON, OR 97008                        |  |
| Suite/bldg./apt.no.:                                       |  |
| Project Name: CLARK-STUART                                 |  |
| Cross Street/directions to job site:                       |  |
| Tax map/parcel no.: 1S122AC01900                           |  |
| DESCRIPTION OF WORK  |  |
| SVC CHANGE/SMALL KITCHEN REMODEL                           |  |
| APPLICANT  |  |
| Name: Tina Muro  |  |
| Phone: 5032336467  | Fax: 5032331281  |
| Email:   |  |
| CONTRACTOR   |  |
| Elec lic. no.: 26-152C                                     | CCB lic. no.: 4443   |
| Business Name: REDS ELECTRIC CO INC                        |  |
| Contact:   |  |
| Address: PO BOX 68999                                      |  |
| City/State/ZIP: PORTLAND, OR 97268                         |  |
| Phone: 5032336467  | Fax: 5032331281  |
| Email: brandi@redselectric.com                             |  |
| Metro lic. no.:  | City lic. no.:   |
| Supervising Electrician's lic. no.:                        |  |
| Supervising Electrician's Name:                            |  |
| Number of inspections included in paid services:           |  |
| Residential Service:                                       | 4  |
| Reconnect Only:  | 1  |
| All Other Services:  | 2  |

| PLAN REVIEW   |   |   |  |
|---|---|---|--|
| <b>Please check all that apply:</b>   |   | <input type="checkbox"/> Hazardous locations  |  |
| <input type="checkbox"/> A service or feeder beginning at 400 Amps where the available fault current exceeds 10,000 Amps at 150 Volts or less to ground exceeds 14,000 Amps for all other | <input type="checkbox"/> A service or feeder rated at 600 amps or more  | <input type="checkbox"/> Buildings more than three stor                             | <input type="checkbox"/> Marinas and boat yards                                |
| <input type="checkbox"/> Fire pumps   | <input type="checkbox"/> Emergency systems                              | <input type="checkbox"/> Floating buildings   | <input type="checkbox"/> Commercial-use agricultural buildings                 |
| <input type="checkbox"/> Addition of a new motor load of 100 HP or more   | <input type="checkbox"/> Six or more residential units in one structure | <input type="checkbox"/> Installation of a 150 KVA or larger seperately derived sys | <input type="checkbox"/> "A", "E", or "I-2" or "I-3"                           |
| <input type="checkbox"/> Health care facilities   |   | <input type="checkbox"/> Recreational Vehicle Parks                                 | <input type="checkbox"/> Supply voltage for more than 600 supply volts nominal |
| FEE SCHEDULE  |   |   |  |
| Description   | Qty.  | Ea.   | Total  |
| <b>Services or feeders</b>  |   |   |  |
| Services 200 amps or less   | 1   | \$115.83  | \$115.83   |
| <b>Branch circuits</b>  |   |   |  |
| Branch circuits with service or feeder each circuit   | 5   | \$4.26  | \$21.30  |
| <b>Electrical Permit Fees</b>   |   |   |  |
| Subtotal  |   |   | \$137.13   |
| State surcharge (12% of permit total)   |   |   | \$16.46  |
| <b>TOTAL PERMIT FEE</b>   |   |   | <b>\$153.59</b>  |

Upon review and approval by your local jurisdiction, your permit will be e-mailed or faxed within one business day, with instructions on how to schedule your inspection.

NOTE: This Authorization To Begin Work expires within 180 days if a permit is not obtained.

The local building department may determine that an Authorization To Begin Work is null and void if it does not meet applicable land use laws and local ordinances.

**This Authorization to Begin Work is not a permit, to schedule inspections you need a permit from City Of Beaverton**  
 Inspections Phone: 503-526-2400 Inspections Email: cunderwood@beavertonoregon.gov  
**This Authorization To Begin Work must be posted at the job site until replaced by a Permit**



**City Of Beaverton**  
 12725 SW Millikan Way  
 Beaverton, OR 97076  
 Phone: 503-526-2542  
 Email: cunderwood@beavertonoregon.gov

**Residential Electrical Authorization To Begin Work**

**05350-BEL-20-00514**

Approval Code: 021292 7/21/2020 6:29 pm

E-mailed To: dave@westernsuperiorelectric.com

B2020-2614

| TYPE OF WORK   |  |
|--|--|
| <input type="checkbox"/> New Construction                  | <input checked="" type="checkbox"/> Addition/alteration/replacement  |
| CATEGORY OF CONSTRUCTION                                   |  |
| <input checked="" type="checkbox"/> 1 or 2 family dwelling | <input type="checkbox"/> Multi-family <input type="checkbox"/> Commercial <input type="checkbox"/> Accessory |
| JOB SITE INFORMATION AND LOCATION                          |  |
| Job Address: 12620 SW CLEVELAND BAY LN                     |  |
| City/State/ZIP: BEAVERTON, OR 97008                        |  |
| Suite/bldg./apt.no.:                                       |  |
| Project Name: White  |  |
| Cross Street/directions to job site:                       |  |
| Tax map/parcel no.: 1S133AA06500                           |  |
| DESCRIPTION OF WORK  |  |
| kitchen remodel.   |  |
| APPLICANT  |  |
| Name: dave quintana  |  |
| Phone: 5038056873  | Fax:   |
| Email:   |  |
| CONTRACTOR   |  |
| Elec lic. no.: C802  | CCB lic. no.: 191702   |
| Business Name: WESTERN SUPERIOR ELECTRIC LLC               |  |
| Contact:   |  |
| Address: 21355 SOUTH GREEN MOUNTAIN ROAD                   |  |
| City/State/ZIP: COLTON, OR 97017                           |  |
| Phone: 5038056873  | Fax:   |
| Email: WESTERNSUPERIORelectric@GMAIL.COM                   |  |
| Metro lic. no.:  | City lic. no.:   |
| Supervising Electrician's lic. no.:                        |  |
| Supervising Electrician's Name:                            |  |
| Number of inspections included in paid services:           |  |
| Residential Service:                                       | 4  |
| Reconnect Only:  | 1  |
| All Other Services:  | 2  |

| PLAN REVIEW   |   |   |  |
|---|---|---|--|
| <b>Please check all that apply:</b>   |   | <input type="checkbox"/> Hazardous locations  |  |
| <input type="checkbox"/> A service or feeder beginning at 400 Amps where the available fault current exceeds 10,000 Amps at 150 Volts or less to ground exceeds 14,000 Amps for all other | <input type="checkbox"/> A service or feeder rated at 600 amps or more  | <input type="checkbox"/> Buildings more than three stor                             | <input type="checkbox"/> Marinas and boat yards                                |
| <input type="checkbox"/> Fire pumps   | <input type="checkbox"/> Emergency systems                              | <input type="checkbox"/> Floating buildings   | <input type="checkbox"/> Commercial-use agricultural buildings                 |
| <input type="checkbox"/> Addition of a new motor load of 100 HP or more   | <input type="checkbox"/> Six or more residential units in one structure | <input type="checkbox"/> Installation of a 150 KVA or larger separately derived sys | <input type="checkbox"/> "A", "E", or "I-2" or "I-3"                           |
| <input type="checkbox"/> Health care facilities   |   | <input type="checkbox"/> Recreational Vehicle Parks                                 | <input type="checkbox"/> Supply voltage for more than 600 supply volts nominal |
| FEE SCHEDULE  |   |   |  |
| Description   | Qty.  | Ea.   | Total  |
| <b>Branch circuits</b>  |   |   |  |
| Branch circuits without service or feeder   | 1   | \$81.14   | \$81.14  |
| Branch circuits each additional circuit without service   | 1   | \$4.26  | \$4.26   |
| <b>Electrical Permit Fees</b>   |   |   |  |
| Subtotal  |   |   | \$85.40  |
| State surcharge (12% of permit total)   |   |   | \$10.25  |
| <b>TOTAL PERMIT FEE</b>   |   |   | <b>\$95.65</b>   |

Upon review and approval by your local jurisdiction, your permit will be e-mailed or faxed within one business day, with instructions on how to schedule your inspection.

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**This Authorization to Begin Work is not a permit, to schedule inspections you need a permit from City Of Beaverton**  
 Inspections Phone: 503-526-2400 Inspections Email: cunderwood@beavertonoregon.gov  
 This Authorization To Begin Work must be posted at the job site until replaced by a Permit

FOR YANNS SAKE



**Electrical Permit Application**

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: 7/21/2020 | Permit No. B 2020-2584 |
| Date Issued:             | Payment Type:          |

| TYPE OF WORK  |   |
|---|---|
| <input type="checkbox"/> New construction   | <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"/> Multi-family   | <input type="checkbox"/> Accessory building                         |
| <input type="checkbox"/> Master builder <input type="checkbox"/> Other:   |   |
| JOB SITE INFORMATION AND LOCATION   |   |
| Job no.:  | Job address: 3830 S.W. HALL BLVD                                    |
| City/State/ZIP: BEAVERTON OR 97005  | Project name: FOR YANNS SAKE  |
| Suite/bldg./apt. no.:   | Cross street/directions to job site:                                |
| Subdivision:  | Lot no.:  |
| Tax map/parcel no.:   |   |
| DESCRIPTION OF WORK   |   |
| CONDUCT 1 SET OF INTERNALLY ILLUMINATED CHANNEL LETTERS & LOGO TO EXISTING ELECTRICAL.  |   |
| <input checked="" type="checkbox"/> PROPERTY OWNER  | <input type="checkbox"/> TENANT                                     |
| Name: SB HALL ST. CENTER LLC / VLA HALL ST. CENTER LLC  |   |
| Address: 3825 S.W. HALL BLVD  |   |
| City/State/ZIP: BEAVERTON, OR 97005   |   |
| Phone:  | Fax:  |
| E-mail:   |   |
| Owner Installation: This installation is being made on property that I own, which is not intended for sale, lease, rent, or exchange. |   |
| Owner signature:  | Date:   |
| <input checked="" type="checkbox"/> APPLICANT   | <input checked="" type="checkbox"/> CONTACT PERSON                  |
| Business name: MEYER SIGN CO. OF OREGON   |   |
| Contact name: Tony McCormick  |   |
| Address: 15205 S.W. 74TH AVE.   |   |
| City/State/ZIP: TIGARD, OR 97224  |   |
| Phone: 971-232-5021   | Fax:  |
| E-mail: PERMITS@MEYERSIGNCO.COM   |   |
| CONTRACTOR  |   |
| Business name: MEYER SIGN CO. OF OREGON   |   |
| Address: 15205 S.W. 74TH AVE.   |   |
| City/State/ZIP: TIGARD, OR 97224  |   |
| Phone: 971-232-5021   | Fax:  |
| E-mail: SAME AS ABOVE   | CCB lic. no.: 64014   |
| Electrical lic. no.: 20-190 CLS   | City or metro lic.: 1899  |
| Supervising electrician signature, required: (Signature)  |   |
| Print name: TONY BARCLAY  | Date: 7/21/20   |
| Authorized signature: (Signature)   |   |
| Print name: Tony McCormick  | Date: 7/21/20   |

| PLAN REVIEW  |  |  |  |
|--|--|--|--|
| Please check all that apply:   |  | <input type="checkbox"/> Service or feeder over 600 amps       |  |
| <input type="checkbox"/> Service or feeder 400amps or more                       | <input type="checkbox"/> Building over three stories   | <input type="checkbox"/> Marinas and boatyards                 | <input type="checkbox"/> Floating buildings  |
| <input type="checkbox"/> Fire pump   | <input type="checkbox"/> Emergency system              | <input type="checkbox"/> Commercial-use agricultural buildings | <input type="checkbox"/> Installation of 150 KVA or larger separately derived system |
| <input type="checkbox"/> Addition of new motor load of 100HP or more             | <input type="checkbox"/> Six or more residential units | <input type="checkbox"/> Health-care facilities                | <input type="checkbox"/> "A," "E," "I-2," "I-3" occupancy                            |
| <input type="checkbox"/> Hazardous locations                                     | <input type="checkbox"/> Recreational vehicle parks    |  |  |
| FEE SCHEDULE   |  |  |  |
| Description  | Qty.   | Fee  | Total *  |
| <b>Residential single- or multi-family dwelling unit</b>                         |  |  |  |
| Includes attached garage   |  |  |  |
| 1,000 sq. ft. or less  |  | 194.64   | 4  |
| Ea. add'l 500 sq. ft. or portion   |  | 34.77  |  |
| Limited energy, residential (with above sq. ft.)                                 |  | 46.42  | 2  |
| Limited energy, multi-family residential (with above sq. ft.)                    |  | 91.72  | 2  |
| <b>Services or feeders installation, alteration, and/or relocation</b>           |  |  |  |
| 200 amps or less   |  | 115.83   | 2  |
| 201 amps to 400 amps   |  | 137.89   | 2  |
| 401 amps to 600 amps   |  | 229.34   | 2  |
| 601 amps to 1,000 amps   |  | 299.93   | 2  |
| Over 1,000 amps or volts   |  | 690.22   | 2  |
| Utility reconnect  |  | 91.72  | 1  |
| <b>Temporary services or feeders installation, alteration, and/or relocation</b> |  |  |  |
| 200 amps or less   |  | 91.72  | 2  |
| 201 amps to 400 amps   |  | 127.41   | 2  |
| 401 amps to 600 amps   |  | 184.11   | 2  |
| 601 amps to 1,000 amps   |  | 225.29   | 2  |
| <b>Branch circuits - new, alteration, or extension, per panel</b>                |  |  |  |
| A. Fee for branch circuits with above service or feeder fee, each branch circuit |  | 4.26   | 2  |
| B. Fee for branch circuits without service or feeder fee, first branch circuit   |  | 81.14  | 2  |
| Each add'l branch circuit  |  | 4.26   |  |
| <b>Miscellaneous (service or feeder not included)</b>                            |  |  |  |
| Each manufactured or modular dwelling, service, and/or feeder                    |  | 91.72  | 2  |
| Pump or irrigation circle  |  | 91.72  | 2  |
| Sign or outline lighting   | 1  | 91.72  | 2  |
| Signal circuit(s) or limited-energy panel, alteration, or extension. Describe:   |  | 91.72  | 2  |
| <b>Each additional inspection over allowable in any of the above</b>             |  |  |  |
| Per inspection   |  | 81.14  |  |
| Investigation fee  |  |  |  |
| Other:   |  |  |  |
| Electrical permit fees   |  |  |  |
| <b>SUBTOTAL</b>  |  |  | 0.00   |
| Plan review (25% of permit fee)  |  |  |  |
| State surcharge (12% of permit fee)  |  |  | 0.00   |
| <b>TOTAL PERMIT FEE</b>  |  |  | \$0.00   |

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

\* Number of inspections allowed per permit.  
 Form B70-1002 REV 10/17

102.73



**City Of Beaverton**  
 12725 SW Millikan Way  
 Beaverton, OR 97076  
 Phone: 503-526-2542  
 Email: cunderwood@beavertonoregon.gov

**Commercial Electrical Authorization To Begin Work**

**05350-BEL-20-00516**

Approval Code: 112263 7/22/2020 9:36 am

E-mailed To: debbiec@atlasselectrical.com

B2020.2618

| TYPE OF WORK   |   |
|--|---|
| <input type="checkbox"/> New Construction                          | <input checked="" type="checkbox"/> Addition/alteration/replacement |
| CATEGORY OF CONSTRUCTION   |   |
| <input type="checkbox"/> 1 or 2 family dwelling                    | <input type="checkbox"/> Multi-family                               |
| <input checked="" type="checkbox"/> Commercial                     | <input type="checkbox"/> Accessory                                  |
| JOB SITE INFORMATION AND LOCATION                                  |   |
| Job Address: 6035 SW MURRAY BLVD                                   |   |
| City/State/ZIP: BEAVERTON, OR 97007                                |   |
| Suite/bldg./apt.no.:   |   |
| Project Name: 30598-SHARI'S OF BEAVERTON                           |   |
| Cross Street/directions to job site:                               |   |
| Tax map/parcel no.: 1S120AA00201                                   |   |
| DESCRIPTION OF WORK  |   |
| EXTEND 1 EXISTING BRANCH CIRCUIT TO DUPLEX OUTLET IN LOTTERY ROOM. |   |
| APPLICANT  |   |
| Name: Debbie Cates   |   |
| Phone: 5036592212  | Fax: 5036594944   |
| Email:   |   |
| CONTRACTOR   |   |
| Elec lic. no.: 3-2C  | CCB lic. no.: 1532  |
| Business Name: ATLAS ELECTRIC CONTRACTORS INC                      |   |
| Contact:   |   |
| Address: 4403 SE ROETHE RD   |   |
| City/State/ZIP: MILWAUKIE, OR 97267                                |   |
| Phone: 5036592212  | Fax: 5036594944   |
| Email: debbiec@atlasselectrical.com                                |   |
| Metro lic. no.:  | City lic. no.:  |
| Supervising Electrician's lic. no.:                                |   |
| Supervising Electrician's Name:                                    |   |
| Number of inspections included in paid services:                   |   |
| Residential Service:   | 4   |
| Reconnect Only:  | 1   |
| All Other Services:  | 2   |

| PLAN REVIEW   |   |   |  |
|---|---|---|--|
| Please check all that apply:  |   | <input type="checkbox"/> Hazardous locations  |  |
| <input type="checkbox"/> A service or feeder beginning at 400 Amps where the available fault current exceeds 10,000 Amps at 150 Volts or less to ground exceeds 14,000 Amps for all other | <input type="checkbox"/> A service or feeder rated at 600 amps or more  | <input type="checkbox"/> Buildings more than three stor                             | <input type="checkbox"/> Marinas and boat yards                                |
| <input type="checkbox"/> Fire pumps   | <input type="checkbox"/> Emergency systems                              | <input type="checkbox"/> Floating buildings   | <input type="checkbox"/> Commercial-use agricultural buildings                 |
| <input type="checkbox"/> Addition of a new motor load of 100 HP or more   | <input type="checkbox"/> Six or more residential units in one structure | <input type="checkbox"/> Installation of a 150 KVA or larger separately derived sys | <input type="checkbox"/> "A", "E", or "I-2" or "I-3"                           |
| <input type="checkbox"/> Health care facilities   |   | <input type="checkbox"/> Recreational Vehicle Parks                                 | <input type="checkbox"/> Supply voltage for more than 600 supply volts nominal |
| FEE SCHEDULE  |   |   |  |
| Description   | Qty.  | Ea.   | Total  |
| <b>Branch circuits</b>  |   |   |  |
| Branch circuits without service or feeder   | 1   | \$81.14   | \$81.14  |
| <b>Miscellaneous</b>  |   |   |  |
| Signal circuit(s) or limited-energy panel, alteration, or extension   | 1   | \$91.72   | \$91.72  |
| <b>Electrical Permit Fees</b>   |   |   |  |
| Subtotal  |   |   | \$172.86   |
| State surcharge (12% of permit total)   |   |   | \$20.74  |
| <b>TOTAL PERMIT FEE</b>   |   |   | <b>\$193.60</b>  |

Upon review and approval by your local jurisdiction, your permit will be e-mailed or faxed within one business day, with instructions on how to schedule your inspection.

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**This Authorization to Begin Work is not a permit, to schedule inspections you need a permit from City Of Beaverton**  
 Inspections Phone: 503-526-2400 Inspections Email: cunderwood@beavertonoregon.gov  
**This Authorization To Begin Work must be posted at the job site until replaced by a Permit**



**City Of Beaverton**  
 12725 SW Millikan Way  
 Beaverton, OR 97076  
 Phone: 503-526-2542  
 Email: cunderwood@beavertonoregon.gov

**Commercial Electrical Authorization To Begin Work**

**05350-BEL-20-00518**

Approval Code: 75640G 7/22/2020 2:03 pm

E-mailed To: vanguardelectric@gmail.com

B2020-2421

| TYPE OF WORK                                      |   |
|---|---|
| <input type="checkbox"/> New Construction         | <input checked="" type="checkbox"/> Addition/alteration/replacement |
| CATEGORY OF CONSTRUCTION                          |   |
| <input type="checkbox"/> 1 or 2 family dwelling   | <input checked="" type="checkbox"/> Multi-family                    |
| <input type="checkbox"/> Commercial               | <input type="checkbox"/> Accessory                                  |
| JOB SITE INFORMATION AND LOCATION                 |   |
| Job Address: 11103 SW DAVIES RD                   |   |
| City/State/ZIP: BEAVERTON, OR 97007               |   |
| Suite/bldg./apt.no.:                              |   |
| Project Name: SOFI at Murrayhill-Ext.Ltg.         |   |
| Cross Street/directions to job site:              |   |
| Tax map/parcel no.: 1S133CB00700                  |   |
| DESCRIPTION OF WORK                               |   |
| Building number 4. Circuit for exterior lighting. |   |
| APPLICANT   |   |
| Name: Christopher Strange                         |   |
| Phone: 503-537-5006                               | Fax: 503-537-5019   |
| Email:  |   |
| CONTRACTOR  |   |
| Elec lic. no.: 36-104C                            | CCB lic. no.: 164865  |
| Business Name: VANGUARD ELECTRIC INC              |   |
| Contact:  |   |
| Address: 3800 MORRIS ST                           |   |
| City/State/ZIP: NEWBERG, OR 97132                 |   |
| Phone: 5035375006                                 | Fax: 5035375019   |
| Email: vanguardelectric@gmail.com                 |   |
| Metro lic. no.:                                   | City lic. no.:  |
| Supervising Electrician's lic. no.:               |   |
| Supervising Electrician's Name:                   |   |
| Number of inspections included in paid services:  |   |
| Residential Service:                              | 4   |
| Reconnect Only:                                   | 1   |
| All Other Services:                               | 2   |

| PLAN REVIEW   |   |   |  |
|---|---|---|--|
| Please check all that apply:  |   |   |  |
| <input type="checkbox"/> A service or feeder beginning at 400 Amps where the available fault current exceeds 10,000 Amps at 150 Volts or less to ground exceeds 14,000 Amps for all other | <input type="checkbox"/> Fire pumps                                     | <input type="checkbox"/> Hazardous locations  | <input type="checkbox"/> A service or feeder rated at 600 amps or more         |
| <input type="checkbox"/> Emergency systems  | <input type="checkbox"/> Addition of a new motor load of 100 HP or more | <input type="checkbox"/> Buildings more than three stor                             | <input type="checkbox"/> Marinas and boat yards                                |
| <input type="checkbox"/> Six or more residential units in one structure   | <input type="checkbox"/> Health care facilities                         | <input type="checkbox"/> Floating buildings   | <input type="checkbox"/> Commercial-use agricultural buildings                 |
|   |   | <input type="checkbox"/> Installation of a 150 KVA or larger separately derived sys | <input type="checkbox"/> "A", "E", or "I-2" or "I-3"                           |
|   |   | <input type="checkbox"/> Recreational Vehicle Parks                                 | <input type="checkbox"/> Supply voltage for more than 600 supply volts nominal |
| FEE SCHEDULE  |   |   |  |
| Description   | Qty.  | Ea.   | Total  |
| <b>Branch circuits</b>  |   |   |  |
| Branch circuits without service or feeder   | 1   | \$81.14   | \$81.14  |
| <b>Electrical Permit Fees</b>   |   |   |  |
| Subtotal  |   |   | \$81.14  |
| State surcharge (12% of permit total)   |   |   | \$9.74   |
| <b>TOTAL PERMIT FEE</b>   |   |   | <b>\$90.88</b>   |

Upon review and approval by your local jurisdiction, your permit will be e-mailed or faxed within one business day, with instructions on how to schedule your inspection.

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 Inspections Phone: 503-526-2400 Inspections Email: cunderwood@beavertonoregon.gov  
 This Authorization To Begin Work must be posted at the job site until replaced by a Permit



City Of Beaverton  
 12725 SW Millikan Way  
 Beaverton, OR 97076  
 Phone: 503-526-2542  
 Email: cunderwood@beavertonoregon.gov

**Commercial Electrical Authorization To Begin Work**

**05350-BEL-20-00517**

Approval Code: 512271 7/22/2020 1:17 pm

E-mailed To: CEPermits@cepdx.com

B 2020-2620

| TYPE OF WORK                                     |   |
|--|---|
| <input type="checkbox"/> New Construction        | <input checked="" type="checkbox"/> Addition/alteration/replacement   |
| CATEGORY OF CONSTRUCTION                         |   |
| <input type="checkbox"/> 1 or 2 family dwelling  | <input type="checkbox"/> Multi-family <input checked="" type="checkbox"/> Commercial <input type="checkbox"/> Accessory |
| JOB SITE INFORMATION AND LOCATION                |   |
| Job Address: 13955 SW MILLIKAN WAY               |   |
| City/State/ZIP: BEAVERTON, OR 97005              |   |
| Suite/bldg./apt.no.:                             |   |
| Project Name: Ziefel Grinder                     |   |
| Cross Street/directions to job site:             |   |
| Tax map/parcel no.: 1S109CD00200                 |   |
| DESCRIPTION OF WORK                              |   |
| Provide 480v 30a circuit to new Ziefel grinder.  |   |
| APPLICANT  |   |
| Name: Capitol Electric                           |   |
| Phone: 5032559488                                | Fax: 5032551966   |
| Email:   |   |
| CONTRACTOR                                       |   |
| Elec lic. no.: 26-496C                           | CCB lic. no.: 48748   |
| Business Name: CAPITOL ELECTRIC CO INC           |   |
| Contact:   |   |
| Address: 11401 NE MARX ST                        |   |
| City/State/ZIP: PORTLAND, OR 972201041           |   |
| Phone: 5032559488                                | Fax: 5032551966   |
| Email: CEPERMIT@CEPDX.COM                        |   |
| Metro lic. no.:                                  | City lic. no.:  |
| Supervising Electrician's lic. no.:              |   |
| Supervising Electrician's Name:                  |   |
| Number of inspections included in paid services: |   |
| Residential Service:                             | 4   |
| Reconnect Only:                                  | 1   |
| All Other Services:                              | 2   |

| PLAN REVIEW   |   |  |   |
|---|---|--|---|
| <b>Please check all that apply:</b>   |   |  |   |
| <input type="checkbox"/> A service or feeder beginning at 400 Amps where the available fault current exceeds 10,000 Amps at 150 Volts or less to ground exceeds 14,000 Amps for all other | <input type="checkbox"/> Hazardous locations                            | <input type="checkbox"/> A service or feeder rated at 600 amps or more         | <input type="checkbox"/> Buildings more than three stor                             |
| <input type="checkbox"/> Fire pumps   | <input type="checkbox"/> Emergency systems                              | <input type="checkbox"/> Marinas and boat yards                                | <input type="checkbox"/> Floating buildings   |
| <input type="checkbox"/> Addition of a new motor load of 100 HP or more   | <input type="checkbox"/> Six or more residential units in one structure | <input type="checkbox"/> Commercial-use agricultural buildings                 | <input type="checkbox"/> Installation of a 150 KVA or larger seperately derived sys |
| <input type="checkbox"/> Health care facilities   |   | <input type="checkbox"/> "A", "E", or "I-2" or "I-3"                           | <input type="checkbox"/> Recreational Vehicle Parks                                 |
|   |   | <input type="checkbox"/> Supply voltage for more than 600 supply volts nominal |   |
| FEE SCHEDULE  |   |  |   |
| Description   | Qty.  | Ea.  | Total   |
| <b>Branch circuits</b>  |   |  |   |
| Branch circuits without service or feeder   | 1   | \$81.14  | \$81.14   |
| <b>Electrical Permit Fees</b>   |   |  |   |
| Subtotal  |   |  | \$81.14   |
| State surcharge (12% of permit total)   |   |  | \$9.74  |
| <b>TOTAL PERMIT FEE</b>   |   |  | <b>\$90.88</b>  |

Upon review and approval by your local jurisdiction, your permit will be e-mailed or faxed within one business day, with instructions on how to schedule your inspection.

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 Inspections Phone: 503-526-2400 Inspections Email: cunderwood@beavertonoregon.gov  
**This Authorization To Begin Work must be posted at the job site until replaced by a Permit**

REPLAY SPORTS



**Electrical Permit Application**

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.: B2020-2586 |
| Date Issued: 7/21/2020 |                        |
| Payment Type:          |                        |

| TYPE OF WORK  |   |
|---|---|
| <input type="checkbox"/> New construction   | <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"/> Multi-family   | <input type="checkbox"/> Accessory building                         |
| <input type="checkbox"/> Master builder   |   |
| <input type="checkbox"/> Other:   |   |
| JOB SITE INFORMATION AND LOCATION   |   |
| Job no.:  | Job address: 15700 N.W. BLENHIDE DR.                                |
| City/State/ZIP: BEAVERTON, OR   | 97006   |
| Suite/bldg./apl. no.:   | Project name: REPLAY SPORTS PUB                                     |
| Cross street/directions to job site:  |   |
| Subdivision:  | Lot no.:  |
| Tax map/parcel no.:   |   |
| DESCRIPTION OF WORK   |   |
| CONDUCT 1 SET OF INTERNALLY ILLUMINATED CHANNEL LETTERS & WIND CAPSULE TO EXISTING ELECTRICAL   |   |
| <input checked="" type="checkbox"/> PROPERTY OWNER  | <input type="checkbox"/> TENANT                                     |
| Name: WEBER HOLDINGS LLC  |   |
| Address: 2706 WILLAKENZIE RD.   |   |
| City/State/ZIP: EUGENE, OR  | 97401-5229  |
| Phone:  | Fax:  |
| E-mail:   |   |
| Owner Installation: This installation is being made on property that I own, which is not intended for sale, lease, rent, or exchange. |   |
| Owner signature: _____ Date: _____  |   |
| <input checked="" type="checkbox"/> APPLICANT   | <input checked="" type="checkbox"/> CONTACT PERSON                  |
| Business name: MEYER SIGN CO. OF OREGON   |   |
| Contact name: Tony McCormick  |   |
| Address: 15205 S.W. 74TH AVE  |   |
| City/State/ZIP: TIBAH, OR   | 97224   |
| Phone: 971-232-5021   | Fax:  |
| E-mail: PERMITS@MEYERSIGNCO.COM   |   |
| CONTRACTOR  |   |
| Business name: MEYER SIGN CO. OF OREGON   |   |
| Address: 15205 S.W. 74TH AVE  |   |
| City/State/ZIP: TIBAH, OR   | 97224   |
| Phone: 971-232-5021   | Fax:  |
| E-mail: SAME AS ABOVE   | CCB lic. no.: 64014   |
| Electrical lic. no.: 20-1106LS  | City or metro lic.: 1899  |
| Supervising electrician signature, required: [Signature]  |   |
| Print name: Tony McCormick  | Date: 7/21/20   |
| Authorized signature: [Signature]   |   |
| Print name: Tony McCormick  | Date: 7/21/20   |

| PLAN REVIEW  |  |        |       |        |
|--|--|--------|-------|--------|
| Please check all that apply:   |  |        |       |        |
| <input type="checkbox"/> Service or feeder 400amps or more                           | <input type="checkbox"/> Service or feeder over 600 amps                             |        |       |        |
| <input type="checkbox"/> Fire pump   | <input type="checkbox"/> Building over three stories                                 |        |       |        |
| <input type="checkbox"/> Emergency system  | <input type="checkbox"/> Marinas and boatyards                                       |        |       |        |
| <input type="checkbox"/> Addition of new motor load of 100HP or more                 | <input type="checkbox"/> Floating buildings  |        |       |        |
| <input type="checkbox"/> Six or more residential units                               | <input type="checkbox"/> Commercial-use agricultural buildings                       |        |       |        |
| <input type="checkbox"/> Health-care facilities                                      | <input type="checkbox"/> Installation of 150 KVA or larger separately derived system |        |       |        |
| <input type="checkbox"/> Hazardous locations   | <input type="checkbox"/> "A," "E," "I-2," "I-3" occupancy                            |        |       |        |
|  | <input type="checkbox"/> Recreational vehicle parks                                  |        |       |        |
| FEE SCHEDULE   |  |        |       |        |
| Description  | Qty.   | Fee    | Total | *      |
| <b>Residential single- or multi-family dwelling unit</b><br>Includes attached garage |  |        |       |        |
| 1,000 sq. ft. or less  |  | 194.64 |       | 4      |
| Ea. add'l 500 sq. ft. or portion   |  | 34.77  |       |        |
| Limited energy, residential (with above sq. ft.)                                     |  | 46.42  |       | 2      |
| Limited energy, multi-family residential (with above sq. ft.)                        |  | 91.72  |       | 2      |
| <b>Services or feeders installation, alteration, and/or relocation</b>               |  |        |       |        |
| 200 amps or less   |  | 115.83 |       | 2      |
| 201 amps to 400 amps   |  | 137.89 |       | 2      |
| 401 amps to 600 amps   |  | 229.34 |       | 2      |
| 601 amps to 1,000 amps   |  | 299.93 |       | 2      |
| Over 1,000 amps or volts   |  | 690.22 |       | 2      |
| Utility reconnect  |  | 91.72  |       | 1      |
| <b>Temporary services or feeders installation, alteration, and/or relocation</b>     |  |        |       |        |
| 200 amps or less   |  | 91.72  |       | 2      |
| 201 amps to 400 amps   |  | 127.41 |       | 2      |
| 401 amps to 600 amps   |  | 184.11 |       | 2      |
| 601 amps to 1,000 amps   |  | 225.29 |       | 2      |
| <b>Branch circuits - new, alteration, or extension, per panel</b>                    |  |        |       |        |
| A. Fee for branch circuits with above service or feeder fee, each branch circuit     |  | 4.26   |       | 2      |
| B. Fee for branch circuits without service or feeder fee, first branch circuit       |  | 81.14  |       | 2      |
| Each add'l branch circuit  |  | 4.26   |       |        |
| <b>Miscellaneous (service or feeder not included)</b>                                |  |        |       |        |
| Each manufactured or modular dwelling, service, and/or feeder                        |  | 91.72  |       | 2      |
| Pump or irrigation circle  |  | 91.72  |       | 2      |
| Sign or outline lighting   | 1  | 91.72  |       | 2      |
| Signal circuit(s) or limited-energy panel, alteration, or extension. Describe:       |  | 91.72  |       | 2      |
| <b>Each additional inspection over allowable in any of the above</b>                 |  |        |       |        |
| Per inspection   |  | 81.14  |       |        |
| Investigation fee  |  |        |       |        |
| Other:   |  |        |       |        |
| Electrical permit fees   |  |        |       |        |
| SUBTOTAL   |  |        |       | 0.00   |
| Plan review (25% of permit fee)  |  |        |       |        |
| State surcharge (12% of permit fee)  |  |        |       | 0.00   |
| TOTAL PERMIT FEE   |  |        |       | \$0.00 |

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete  
 \* Number of inspections allowed per permit.  
 Form B70-1002 REV 10/17

05WEG0 6/11



**Electrical Permit Application**

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. 132020-2585 |
| Date Issued:    | 7/21/2020              |
| Payment Type:   |                        |

| TYPE OF WORK  |   |
|---|---|
| <input type="checkbox"/> New construction   | <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"/> Multi-family   | <input type="checkbox"/> Accessory building                         |
|   | <input type="checkbox"/> Master builder                             |
|   | <input type="checkbox"/> Other:                                     |
| JOB SITE INFORMATION AND LOCATION   |   |
| Job no.:  | Job address: 3211 S.W. CEDAR HILLS BLVD                             |
| City/State/ZIP:   | BEAVERTON, OR 97005   |
| Suite/bldg./apt. no.:   | Project name: 05WEG0 6/11   |
| Cross street/directions to job site:  |   |
| Subdivision:  | Lot no.:  |
| Tax map/parcel no.:   |   |
| DESCRIPTION OF WORK   |   |
| CONNECT 4 INTERNALLY ILLUMINATED WALL STUDS TO EXISTING ELECTRICAL.   |   |
| <input checked="" type="checkbox"/> PROPERTY OWNER  | <input type="checkbox"/> TENANT                                     |
| Name:   | MAN I LLC.  |
| Address:  | 1701 S.E. COLUMBIA RIVER DR.  |
| City/State/ZIP:   | VANCOUVER, WA 98661   |
| Phone:  | Fax:  |
| E-mail:   |   |
| Owner Installation: This installation is being made on property that I own, which is not intended for sale, lease, rent, or exchange. |   |
| Owner signature: _____ Date: _____  |   |
| <input checked="" type="checkbox"/> APPLICANT   | <input checked="" type="checkbox"/> CONTACT PERSON                  |
| Business name:  | MEYER SIGN CO. OF OREGON  |
| Contact name:   | Tony McCormick  |
| Address:  | 15205 S.W. 74TH AVE.  |
| City/State/ZIP:   | TIBARO OR 97224   |
| Phone:  | 971-232-5021  |
| Fax:  |   |
| E-mail: PERMITS@MEYERSIGNCO.COM   |   |
| CONTRACTOR  |   |
| Business name:  | MEYER SIGN CO. OF OREGON  |
| Address:  | 15205 S.W. 74TH AVE.  |
| City/State/ZIP:   | TIBARO OR 97224   |
| Phone:  | 971-232-5021  |
| Fax:  |   |
| E-mail:   | SAME AS ABOVE   |
| CCB lic. no.:   | 64014   |
| Electrical lic. no.:  | 20-190 CUS  |
| City or metro lic.:   | 1899  |
| Supervising electrician signature, required: <i>[Signature]</i>   |   |
| Print name:   | Tony McCormick  |
| Date:   | 7/14/20   |
| Authorized signature: <i>[Signature]</i>  |   |
| Print name:   | Tony McCormick  |
| Date:   | 7/14/20   |

| PLAN REVIEW   |  |  |  |
|---|--|--|--|
| Please check all that apply:  |  |  |  |
| <input type="checkbox"/> Service or feeder 400amps or more                        | <input type="checkbox"/> Service or feeder over 600 amps | <input type="checkbox"/> Building over three stories                                 | <input type="checkbox"/> Marinas and boatyards                 |
| <input type="checkbox"/> Fire pump  | <input type="checkbox"/> Emergency system                | <input type="checkbox"/> Floating buildings  | <input type="checkbox"/> Commercial-use agricultural buildings |
| <input type="checkbox"/> Addition of new motor load of 100HP or more              | <input type="checkbox"/> Six or more residential units   | <input type="checkbox"/> Installation of 150 KVA or larger separately derived system | <input type="checkbox"/> "A," "E," "1-2," "1-3" occupancy      |
| <input type="checkbox"/> Health-care facilities                                   | <input type="checkbox"/> Hazardous locations             | <input type="checkbox"/> Recreational vehicle parks                                  |  |
| FEE SCHEDULE  |  |  |  |
| Description   | Qty.   | Fee  | Total  |
| <b>Residential single- or multi-family dwelling unit includes attached garage</b> |  |  |  |
| 1,000 sq. ft. or less   |  | 194.64   | 4  |
| Ea. add'l 500 sq. ft. or portion  |  | 34.77  |  |
| Limited energy, residential (with above sq. ft.)                                  |  | 46.42  | 2  |
| Limited energy, multi-family residential (with above sq. ft.)                     |  | 91.72  | 2  |
| <b>Services or feeders installation, alteration, and/or relocation</b>            |  |  |  |
| 200 amps or less  |  | 115.83   | 2  |
| 201 amps to 400 amps  |  | 137.89   | 2  |
| 401 amps to 600 amps  |  | 229.34   | 2  |
| 601 amps to 1,000 amps  |  | 299.93   | 2  |
| Over 1,000 amps or volts  |  | 690.22   | 2  |
| Utility reconnect   |  | 91.72  | 1  |
| <b>Temporary services or feeders installation, alteration, and/or relocation</b>  |  |  |  |
| 200 amps or less  |  | 91.72  | 2  |
| 201 amps to 400 amps  |  | 127.41   | 2  |
| 401 amps to 600 amps  |  | 184.11   | 2  |
| 601 amps to 1,000 amps  |  | 225.29   | 2  |
| <b>Branch circuits - new, alteration, or extension, per panel</b>                 |  |  |  |
| A. Fee for branch circuits with above service or feeder fee, each branch circuit  |  | 4.26   | 2  |
| B. Fee for branch circuits without service or feeder fee, first branch circuit    |  | 81.14  | 2  |
| Each add'l branch circuit   |  | 4.26   |  |
| <b>Miscellaneous (service or feeder not included)</b>                             |  |  |  |
| Each manufactured or modular dwelling, service, and/or feeder                     |  | 91.72  | 2  |
| Pump or irrigation circle   |  | 91.72  | 2  |
| Sign or outline lighting  | 4  | 91.72  | 2  |
| Signal circuit(s) or limited-energy panel, alteration, or extension. Describe:    |  | 91.72  | 2  |
| <b>Each additional inspection over allowable in any of the above</b>              |  |  |  |
| Per inspection  |  | 81.14  |  |
| Investigation fee   |  |  |  |
| Other:  |  |  |  |
| Electrical permit fees  |  |  |  |
| SUBTOTAL  |  |  | 0.00   |
| Plan review (25% of permit fee)   |  |  |  |
| State surcharge (12% of permit fee)   |  |  | 0.00   |
| <b>TOTAL PERMIT FEE</b>   |  |  | <b>\$0.00</b>  |

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



# Electrical Permit Application

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

| OFFICE USE ONLY           |                        |
|---------------------------|------------------------|
| Date Received: 06/12/2020 | Permit No.: B2020-2023 |
| Date issued: 7/28/2020    | <i>CU</i>              |
| Payment Type:             |                        |

| TYPE OF WORK  |   |
|---|---|
| <input type="checkbox"/> New construction   | <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"/> Multi-family   | <input type="checkbox"/> Master builder                             |
| <input type="checkbox"/> Accessory building   |   |
| <input type="checkbox"/> Other:   |   |
| JOB SITE INFORMATION AND LOCATION   |   |
| Job no.: 20-135   | Job address: 14671 SW Millikan Way                                  |
| City/State/ZIP: Beaverton, OR 97006   |   |
| Suite/bldg./apt. no.:   | Project name: Hi-5 Dental   |
| Cross street/directions to job site:  |   |
| Subdivision:  | Lot no.:  |
| Tax map/parcel no.:   |   |
| DESCRIPTION OF WORK   |   |
| Low voltage for HVAC work- motorized damper and controls  |   |
| <input checked="" type="checkbox"/> PROPERTY OWNER  | <input type="checkbox"/> TENANT                                     |
| Name: Hai Pham, DMD, FACD   |   |
| Address:  |   |
| City/State/ZIP:   |   |
| Phone:  | Fax:  |
| E-mail: hi5dental.doctor@gmail.com  |   |
| Owner installation: This installation is being made on property that I own, which is not intended for sale, lease, rent, or exchange. |   |
| Owner signature:  | Date:   |
| <input checked="" type="checkbox"/> APPLICANT   | <input type="checkbox"/> CONTACT PERSON                             |
| Business name: Latimer HVAC LLC   |   |
| Contact name: Carlie Latimer  |   |
| Address: 11230 SW Morgen Ct   |   |
| City/State/ZIP: Tigard, OR 97223  |   |
| Phone: (360) 513-4505   | Fax:  |
| E-mail: carlie@latimerhvac.com  |   |
| CONTRACTOR  |   |
| Business name: Latimer HVAC LLC   |   |
| Address: 11230 SW Morgen Ct   |   |
| City/State/ZIP: Tigard, OR 97223  |   |
| Phone: (971) 294-0879   | Fax:  |
| E-mail: clint@latimerhvac.com   | CCB lic. no.: 220839  |
| Electrical lic. no.: LHR406   | City or metro lic.: 13065   |
| Supervising electrician signature, required: <i>Greg Boone</i>  |   |
| Print name: Greg Boone 1798LEB  | Date: 06/11/20  |
| Authorized signature: <i>CL</i>   |   |
| Print name: Carlie Latimer  | Date: 06/11/20  |

| PLAN REVIEW   |  |        |                 |   |
|---|--|--------|-----------------|---|
| Please check all that apply:  |  |        |                 |   |
| <input type="checkbox"/> Service or feeder 400amps or more                              | <input type="checkbox"/> Service or feeder over 600 amps                             |        |                 |   |
| <input type="checkbox"/> Fire pump  | <input type="checkbox"/> Building over three stories                                 |        |                 |   |
| <input type="checkbox"/> Emergency system   | <input type="checkbox"/> Marinas and boatyards                                       |        |                 |   |
| <input type="checkbox"/> Addition of new motor load of 100HP or more                    | <input type="checkbox"/> Floating buildings  |        |                 |   |
| <input type="checkbox"/> Six or more residential units                                  | <input type="checkbox"/> Commercial-use agricultural buildings                       |        |                 |   |
| <input type="checkbox"/> Health-care facilities   | <input type="checkbox"/> Installation of 150 KVA or larger separately derived system |        |                 |   |
| <input type="checkbox"/> Hazardous locations  | <input type="checkbox"/> "A," "E," "I-2," "I-3" occupancy                            |        |                 |   |
|   | <input type="checkbox"/> Recreational vehicle parks                                  |        |                 |   |
| FEE SCHEDULE  |  |        |                 |   |
| Description   | Qty.   | Fee    | Total           | * |
| <b>Residential single- or multi-family dwelling unit</b>                                |  |        |                 |   |
| <b>Includes attached garage</b>   |  |        |                 |   |
| 1,000 sq. ft. or less   |  | 194.64 |                 | 4 |
| Ea. add'l 500 sq. ft. or portion  |  | 34.77  |                 |   |
| Limited energy, residential (with above sq. ft.)  |  | 46.42  |                 | 2 |
| Limited energy, multi-family residential (with above sq. ft.)                           |  | 91.72  |                 | 2 |
| <b>Services or feeders installation, alteration, and/or relocation</b>                  |  |        |                 |   |
| 200 amps or less  |  | 115.83 |                 | 2 |
| 201 amps to 400 amps  |  | 137.89 |                 | 2 |
| 401 amps to 600 amps  |  | 229.34 |                 | 2 |
| 601 amps to 1,000 amps  |  | 299.93 |                 | 2 |
| Over 1,000 amps or volts  |  | 690.22 |                 | 2 |
| Utility reconnect   |  | 91.72  |                 | 1 |
| <b>Temporary services or feeders installation, alteration, and/or relocation</b>        |  |        |                 |   |
| 200 amps or less  |  | 91.72  |                 | 2 |
| 201 amps to 400 amps  |  | 127.41 |                 | 2 |
| 401 amps to 600 amps  |  | 184.11 |                 | 2 |
| 601 amps to 1,000 amps  |  | 225.29 |                 | 2 |
| <b>Branch circuits - new, alteration, or extension, per panel</b>                       |  |        |                 |   |
| A. Fee for branch circuits <i>with</i> above service or feeder fee, each branch circuit |  | 4.26   |                 | 2 |
| B. Fee for branch circuits <i>without</i> service or feeder fee, first branch circuit   |  | 81.14  |                 | 2 |
| Each add'l branch circuit   |  | 4.26   |                 |   |
| <b>Miscellaneous (service or feeder not included)</b>                                   |  |        |                 |   |
| Each manufactured or modular dwelling, service, and/or feeder                           |  | 91.72  |                 | 2 |
| Pump or irrigation circle   |  | 91.72  |                 | 2 |
| Sign or outline lighting  |  | 91.72  |                 | 2 |
| Signal circuit(s) or limited-energy panel, alteration, or extension. Describe:          | 1  | 91.72  | 91.72           | 2 |
| <b>Each additional inspection over allowable in any of the above</b>                    |  |        |                 |   |
| Per inspection  |  | 81.14  |                 |   |
| Investigation fee   |  |        |                 |   |
| Other:  |  |        |                 |   |
| Electrical permit fees  |  |        |                 |   |
| <b>SUBTOTAL</b>   |  |        | 91.72           |   |
| Plan review (25% of permit fee)   |  |        |                 |   |
| State surcharge (12% of permit fee)   |  |        | 11.01           |   |
| <b>TOTAL PERMIT FEE</b>   |  |        | <b>\$102.73</b> |   |

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete  
 \* Number of inspections allowed per permit.  
 Form B70-1002 REV 10/17



### Electrical Permit Application

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: 7/28/2020 | Permit No.: 152020-2684 |
| Date Issued: 7/28/2020   | CA                      |
| Payment Type:            |                         |

| TYPE OF WORK  |   |
|---|---|
| <input type="checkbox"/> New construction   | <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"/> Multi-family   | <input type="checkbox"/> Accessory building                         |
| <input type="checkbox"/> Master builder <input type="checkbox"/> Other:   |   |
| JOB SITE INFORMATION AND LOCATION   |   |
| Job no.:  | Job address: 9205 SW Gemini Drive                                   |
| City/State/ZIP: Beaverton, OR 97008   |   |
| Suite/bldg./apt. no.: C   | Project name: Rexel   |
| Cross street/directions to job site:  |   |
| Subdivision:  | Lot no.:  |
| Tax map/parcel no.:   |   |
| DESCRIPTION OF WORK   |   |
| Fire Alarm Devices  |   |
| <input type="checkbox"/> PROPERTY OWNER   | <input checked="" type="checkbox"/> TENANT                          |
| Name: Rexel   |   |
| Address: 9205 SW Gemini Drive Suite C   |   |
| City/State/ZIP: Beaverton, OR 97008   |   |
| Phone:  | Fax:  |
| E-mail:   |   |
| Owner installation: This installation is being made on property that I own, which is not intended for sale, lease, rent, or exchange. |   |
| Owner signature: _____ Date: _____  |   |
| <input checked="" type="checkbox"/> APPLICANT   | <input type="checkbox"/> CONTACT PERSON                             |
| Business name: Point Monitor Corp.  |   |
| Contact name: Brooke Williams   |   |
| Address: 5863 Lakeview Blvd #100  |   |
| City/State/ZIP: Lake Oswego, OR 97035   |   |
| Phone: (503) 627-0100   | Fax:  |
| E-mail: bwilliams@pointmonitor.com  |   |
| CONTRACTOR  |   |
| Business name: Point Monitor Corp.  |   |
| Address: 5863 Lakeview Blvd #100  |   |
| City/State/ZIP: Lake Oswego, OR 97035   |   |
| Phone: (503) 627-0100   | Fax:  |
| E-mail: bwilliams@pointmonitor.com  | CCB lic. no.: 135901  |
| Electrical lic. no.: 34-508CLE  | City or metro lic.:   |
| Supervising electrician signature, required:  |   |
| Print name: Ben Breit   | Date: 07/28/20  |
| Authorized signature:   |   |
| Print name: Ben Breit   | Date: 07/28/20  |

| PLAN REVIEW   |   |  |  |  |
|---|---|--|--|--|
| Please check all that apply:  |   |  |  |  |
| <input type="checkbox"/> Service or feeder 400amps or more                              | <input type="checkbox"/> Service or feeder over 600 amps  | <input type="checkbox"/> Building over three stories                 | <input type="checkbox"/> Marinas and boatyards         | <input type="checkbox"/> Floating buildings  |
| <input type="checkbox"/> Fire pump  | <input type="checkbox"/> Emergency system                 | <input type="checkbox"/> Addition of new motor load of 100HP or more | <input type="checkbox"/> Six or more residential units | <input type="checkbox"/> Health-care facilities                                      |
| <input type="checkbox"/> Addition of new motor load of 100HP or more                    | <input type="checkbox"/> Six or more residential units    | <input type="checkbox"/> Health-care facilities                      | <input type="checkbox"/> Hazardous locations           | <input type="checkbox"/> Installation of 150 KVA or larger separately derived system |
| <input type="checkbox"/> Hazardous locations  | <input type="checkbox"/> "A," "E," "I-2," "I-3" occupancy | <input type="checkbox"/> Recreational vehicle parks                  |  |  |
| FEE SCHEDULE  |   |  |  |  |
| Description   | Qty.  | Fee  | Total  | *  |
| <b>Residential single- or multi-family dwelling unit</b><br>Includes attached garage.   |   |  |  |  |
| 1,000 sq. ft. or less   |   | 194.64   |  | 4  |
| Ea. add'l 500 sq. ft. or portion  |   | 34.77  |  |  |
| Limited energy, residential (with above sq. ft.)  |   | 46.42  |  | 2  |
| Limited energy, multi-family residential (with above sq. ft.)                           |   | 91.72  |  | 2  |
| <b>Services or feeders installation, alteration, and/or relocation</b>                  |   |  |  |  |
| 200 amps or less  |   | 115.83   |  | 2  |
| 201 amps to 400 amps  |   | 137.89   |  | 2  |
| 401 amps to 600 amps  |   | 229.34   |  | 2  |
| 601 amps to 1,000 amps  |   | 299.93   |  | 2  |
| Over 1,000 amps or volts  |   | 690.22   |  | 2  |
| Utility reconnect   |   | 91.72  |  | 1  |
| <b>Temporary services or feeders installation, alteration, and/or relocation</b>        |   |  |  |  |
| 200 amps or less  |   | 91.72  |  | 2  |
| 201 amps to 400 amps  |   | 127.41   |  | 2  |
| 401 amps to 600 amps  |   | 184.11   |  | 2  |
| 601 amps to 1,000 amps  |   | 225.29   |  | 2  |
| <b>Branch circuits - new, alteration, or extension, per panel</b>                       |   |  |  |  |
| A. Fee for branch circuits <i>with</i> above service or feeder fee, each branch circuit |   | 4.26   |  | 2  |
| B. Fee for branch circuits <i>without</i> service or feeder fee, first branch circuit   |   | 81.14  |  | 2  |
| Each add'l branch circuit   |   | 4.26   |  |  |
| <b>Miscellaneous (service or feeder not included)</b>                                   |   |  |  |  |
| Each manufactured or modular dwelling, service, and/or feeder                           |   | 91.72  |  | 2  |
| Pump or Irrigation circle   |   | 91.72  |  | 2  |
| Sign or outline lighting  |   | 91.72  |  | 2  |
| Signal circuit(s) or limited-energy panel, alteration, or extension. Describe:          | 1   | 91.72  | 91.72  | 2  |
| <b>Each additional inspection over allowable in any of the above</b>                    |   |  |  |  |
| Per inspection  |   | 81.14  |  |  |
| Investigation fee   |   |  |  |  |
| Other:  |   |  |  |  |
| <b>Electrical permit fees</b>   |   |  |  |  |
| SUBTOTAL  |   |  | 91.72  |  |
| Plan review (25% of permit fee)   |   |  |  |  |
| State surcharge (12% of permit fee)   |   |  | 11.01  |  |
| <b>TOTAL PERMIT FEE</b>   |   |  | <b>\$102.73</b>  |  |

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete  
 \* Number of inspections allowed per permit.  
 Form B70-1002 REV 10/17



# Electrical Permit Application

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: 7/22/2020 | Permit No. B2020-2607 |
| Date Issued: [Signature] |                       |
| Payment Type:            |                       |

| TYPE OF WORK  |   |
|---|---|
| <input type="checkbox"/> New construction   | <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"/> Multi-family   | <input type="checkbox"/> Master builder                             |
| <input type="checkbox"/> Accessory building   |   |
| <input checked="" type="checkbox"/> Other: Duplex style cond  |   |
| JOB SITE INFORMATION AND LOCATION   |   |
| Job no.:  | Job address: 5562 SW Erickson Avenue                                |
| City/State/ZIP: Beaverton, Oregon 97005   |   |
| Suite/bldg./apt. no.:   | Project name:   |
| Cross street/directions to job site: Lewis Lane Condominiums nearest 10th and Erich   |   |
| Subdivision:  | Lot no.:  |
| Tax map/parcel no.:   |   |
| DESCRIPTION OF WORK   |   |
| My brother and I are going to replace my old, outdated Circuit panel.   |   |
| <input checked="" type="checkbox"/> PROPERTY OWNER  | <input type="checkbox"/> TENANT                                     |
| Name: Debra Nordin  |   |
| Address: 5562 SW Erickson Avenue  |   |
| City/State/ZIP: Beaverton, Or 97005   |   |
| Phone: (503) 781-6408   | Fax:  |
| E-mail: fishnymphs@aol.com  |   |
| Owner installation: This installation is being made on property that I own, which is not intended for sale, lease, rent, or exchange. |   |
| Owner signature: _____  | Date: 07/02/20  |
| <input checked="" type="checkbox"/> APPLICANT   | <input checked="" type="checkbox"/> CONTACT PERSON                  |
| Business name:  |   |
| Contact name: Debra Nordin  |   |
| Address: 5562 SW Erickson Avenue  |   |
| City/State/ZIP: Beaverton, Or 97005   |   |
| Phone: (503) 781-6408   | Fax:  |
| E-mail: fishnymphs@aol.com  |   |
| CONTRACTOR  |   |
| Business name: No contractor. My brother and I will be doing the work   |   |
| Address:  |   |
| City/State/ZIP:   |   |
| Phone:  | Fax:  |
| E-mail:   | CCB lic. no.:   |
| Electrical lic. no.:  | City or metro lic.:   |
| Supervising electrician signature, required:  |   |
| Print name:   | Date:   |
| Authorized signature:   |   |
| Print name:   | Date:   |

| PLAN REVIEW   |  |  |                 |       |
|---|--|--|-----------------|-------|
| Please check all that apply:  |  | <input type="checkbox"/> Service or feeder over 600 amps       |                 |       |
| <input type="checkbox"/> Service or feeder 400amps or more                              | <input type="checkbox"/> Building over three stories                                 | <input type="checkbox"/> Marinas and boatyards                 |                 |       |
| <input type="checkbox"/> Fire pump  | <input type="checkbox"/> Floating buildings  | <input type="checkbox"/> Commercial-use agricultural buildings |                 |       |
| <input type="checkbox"/> Emergency system   | <input type="checkbox"/> Installation of 150 KVA or larger separately derived system | <input type="checkbox"/> "A," "E," "I-2," "I-3" occupancy      |                 |       |
| <input type="checkbox"/> Addition of new motor load of 100HP or more                    | <input type="checkbox"/> Health-care facilities                                      | <input type="checkbox"/> Recreational vehicle parks            |                 |       |
| <input type="checkbox"/> Six or more residential units                                  | <input type="checkbox"/> Hazardous locations   |  |                 |       |
| FEE SCHEDULE  |  |  |                 |       |
| Description   | Qty.   | Fee  | Total           | *     |
| <b>Residential single- or multi-family dwelling unit</b>                                |  |  |                 |       |
| <b>Includes attached garage</b>   |  |  |                 |       |
| 1,000 sq. ft. or less   |  | 194.64   |                 | 4     |
| Ea. add'l 500 sq. ft. or portion  |  | 34.77  |                 |       |
| Limited energy, residential (with above sq. ft.)  |  | 46.42  |                 | 2     |
| Limited energy, multi-family residential (with above sq. ft.)                           |  | 91.72  |                 | 2     |
| <b>Services or feeders installation, alteration, and/or relocation</b>                  |  |  |                 |       |
| 200 amps or less  | 1  | 115.83   | 115.83          | 2     |
| 201 amps to 400 amps  |  | 137.89   |                 | 2     |
| 401 amps to 600 amps  |  | 229.34   |                 | 2     |
| 601 amps to 1,000 amps  |  | 299.93   |                 | 2     |
| Over 1,000 amps or volts  |  | 690.22   |                 | 2     |
| Utility reconnect   |  | 91.72  |                 | 1     |
| <b>Temporary services or feeders installation, alteration, and/or relocation</b>        |  |  |                 |       |
| 200 amps or less  |  | 91.72  |                 | 2     |
| 201 amps to 400 amps  |  | 127.41   |                 | 2     |
| 401 amps to 600 amps  |  | 184.11   |                 | 2     |
| 601 amps to 1,000 amps  |  | 225.29   |                 | 2     |
| <b>Branch circuits - new, alteration, or extension, per panel</b>                       |  |  |                 |       |
| A. Fee for branch circuits <i>with</i> above service or feeder fee, each branch circuit |  | 4.26   |                 | 2     |
| B. Fee for branch circuits <i>without</i> service or feeder fee, first branch circuit   |  | 81.14  |                 | 2     |
| Each add'l branch circuit   |  | 4.26   |                 |       |
| <b>Miscellaneous (service or feeder not included)</b>                                   |  |  |                 |       |
| Each manufactured or modular dwelling, service, and/or feeder                           |  | 91.72  |                 | 2     |
| Pump or irrigation circle   |  | 91.72  |                 | 2     |
| Sign or outline lighting  |  | 91.72  |                 | 2     |
| Signal circuit(s) or limited-energy panel, alteration, or extension. Describe:          |  | 91.72  |                 | 2     |
| <b>Each additional inspection over allowable in any of the above</b>                    |  |  |                 |       |
| Per inspection  |  | 81.14  |                 |       |
| Investigation fee   |  |  |                 |       |
| Other:  |  |  |                 |       |
| Electrical permit fees  |  |  |                 |       |
| <b>SUBTOTAL</b>   |  |  | <b>115.83</b>   |       |
| Plan review (25% of permit fee)   |  |  |                 |       |
| State surcharge (12% of permit fee)   |  |  |                 | 13.90 |
| <b>TOTAL PERMIT FEE</b>   |  |  | <b>\$129.73</b> |       |

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete  
 \* Number of inspections allowed per permit.  
 Form B70-1002 REV 10/17



# Renewable Electrical Energy Permit Application

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

| OFFICE USE ONLY                     |                        |
|-------------------------------------|------------------------|
| Date Received: <u>06/11/2020</u>    | Permit No.: B2020-2007 |
| Date Issued: <u>7-22-20</u>         | By: <u>TK</u>          |
| CITY OF BEAVERTON BUILDING DIVISION |                        |
| Payment Type: <u>VISA</u>           |                        |

| TYPE OF WORK  |   |
|---|---|
| <input checked="" type="checkbox"/> New construction  | <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"/> Multi-family   | <input type="checkbox"/> Accessory building               |
|   | <input type="checkbox"/> Other:                           |
| JOB SITE INFORMATION AND LOCATION   |   |
| Job no.:  | Job address: <u>3920 SW 141st Ave</u>                     |
| City/State/ZIP: <u>Beaverton, OR 97005</u>  |   |
| Suite/bldg./apt. no.:   | Project name:   |
| Cross street/directions to job site:  |   |
| Subdivision:  | Lot no.:  |
| Tax map/parcel no.:   |   |
| DESCRIPTION OF WORK   |   |
| <u>71.1 KW solar installation</u>   |   |
| <input checked="" type="checkbox"/> PROPERTY OWNER  | <input type="checkbox"/> TENANT                           |
| Name: <u>Herzog Meir HM motor sports</u>  |   |
| Address: <u>3920 SW 141st Ave</u>   |   |
| City/State/ZIP: <u>Beaverton, OR 97005</u>  |   |
| Phone:  | Fax:  |
| E-mail:   |   |
| Owner Installation: This installation is being made on property that I own, which is not intended for sale, lease, rent, or exchange. |   |
| Owner signature: _____  | Date: _____   |
| CONTRACTOR  |   |
| Business name: <u>Kuenzi Electric</u>   |   |
| Address: <u>1035 Commerce Court</u>   |   |
| City/State/ZIP: <u>Silverton, OR 97381</u>  |   |
| Phone: <u>503-873-4908</u>  | Fax:  |
| E-mail: <u>Wes@kuenzilelectric.com</u>  | CCB lic. no.: <u>151895</u>                               |
| Electrical lic. no.: <u>57395</u>   | City or metro lic.:                                       |
| Supervising electrician signature, required:  |   |
| Print name: <u>Wes Kuenzi</u>   | Date: <u>6-10-20</u>                                      |
| Authorized signature: _____   |   |
| Print name: <u>Wes Kuenzi</u>   | Date: <u>6-10-20</u>                                      |

| FEE SCHEDULE  |              |           |               |
|---|--------------|-----------|---------------|
| Number of inspections per item ( ) Renewable energy installation per system total   | No. of Items | Cost Each | Total         |
| 5 kva or less (2)   |              | 81.14     |               |
| 5.01 to 15 kva (2)  |              | 115.83    |               |
| 15.01 to 25 kva (2)   |              | 137.89    |               |
| 25.01 kva and over (2)  | 1            | 229.34    | 229.34        |
| Miscellaneous fees, hourly rate   |              | 80.00     |               |
| Each additional inspection (1) (OAR 918-309-0070)   |              | 81.14     |               |
| FEE TOTALS  |              |           | Subtotal      |
|   |              |           | 0.00          |
| <input checked="" type="checkbox"/> Check box if plan review is required<br>Plan review required for systems over 25 kva at 25% of Subtotal. No 12% surcharge on plan review fee. (25% of permit fee) |              |           | 57.34         |
| State surcharge (12% of permit fee)   |              |           | 27.52         |
| <b>TOTAL PERMIT FEE</b>   |              |           | <b>314.20</b> |

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

Form B70-1005

REV 10/17



**Electrical Permit Application**  
 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. <b>B2020-2605</b> |
| Date Issued: <b>7/22/20</b> |                              |
| Payment Type:               |                              |

| TYPE OF WORK  |   |
|---|---|
| <input type="checkbox"/> New construction   | <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"/> Multi-family   | <input type="checkbox"/> Accessory building                         |
|   | <input type="checkbox"/> Master builder                             |
|   | <input type="checkbox"/> Other:                                     |
| JOB SITE INFORMATION AND LOCATION   |   |
| Job no. <b>9296482</b>  | Job address: <b>1800 SW Meelo Dr.</b>                               |
| City/State/ZIP: <b>Beaverton OR 97006</b>   | Project name: <b>Standard Multi-wall Bldg</b>                       |
| Suite/bldg./apt. no.:   |   |
| Cross street/directions to job site:  |   |
| Subdivision:  | Lot no.:  |
| Tax map/parcel no.:   |   |
| DESCRIPTION OF WORK   |   |
| <b>Installation of REC equip</b>  |   |
| <input type="checkbox"/> PROPERTY OWNER   | <input type="checkbox"/> TENANT                                     |
| Name:   |   |
| Address:  |   |
| City/State/ZIP:   |   |
| Phone:  | Fax:  |
| E-mail:   |   |
| Owner installation: This installation is being made on property that I own, which is not intended for sale, lease, rent, or exchange. |   |
| Owner signature:  | Date:   |
| <input checked="" type="checkbox"/> APPLICANT   | <input type="checkbox"/> CONTACT PERSON                             |
| Business name: <b>Stanley Security</b>  |   |
| Contact name: <b>Gina Wrisley</b>   |   |
| Address: <b>3810 SE NAEF Rd</b>   |   |
| City/State/ZIP: <b>Milwaukie OR 97267</b>   |   |
| Phone: <b>503 387 2503</b>  | Fax:  |
| E-mail: <b>regina.wrisley@sbdinc.com</b>  |   |
| CONTRACTOR  |   |
| Business name: <b>Stanley Security</b>  |   |
| Address: <b>3810 SE NAEF Rd</b>   |   |
| City/State/ZIP: <b>Milwaukie OR 97267</b>   |   |
| Phone: <b>503 387 2503</b>  | Fax:  |
| E-mail:   | CCB lic. no.: <b>161567</b>   |
| Electrical lic. no.: <b>37-10416</b>  | City or metro lic.:   |
| Supervising electrician signature, required: <b>Ralph Pernula</b>   | <b>4158LEA</b>  |
| Print name: <b>RALPH PERNULA</b>  | Date: <b>7-22-20</b>  |
| Authorized signature:   |   |
| Print name: <b>Gina Wrisley</b>   | Date: <b>7-22-20</b>  |

| PLAN REVIEW   |  |  |  |
|---|--|--|--|
| Please check all that apply:  |  | <input type="checkbox"/> Service or feeder over 600 amps       |  |
| <input type="checkbox"/> Service or feeder 400amps or more                        | <input type="checkbox"/> Building over three stories   | <input type="checkbox"/> Marinas and boatyards                 | <input type="checkbox"/> Floating buildings  |
| <input type="checkbox"/> Fire pump  | <input type="checkbox"/> Emergency system              | <input type="checkbox"/> Commercial-use agricultural buildings | <input type="checkbox"/> Installation of 150 KVA or larger separately derived system |
| <input type="checkbox"/> Addition of new motor load of 100HP or more              | <input type="checkbox"/> Six or more residential units | <input type="checkbox"/> "A," "E," "I-2," "I-3" occupancy      | <input type="checkbox"/> Recreational vehicle parks                                  |
| <input type="checkbox"/> Health-care facilities                                   | <input type="checkbox"/> Hazardous locations           |  |  |
| FEE SCHEDULE  |  |  |  |
| Description   | Qty.   | Fee  | Total  |
| <b>Residential single- or multi-family dwelling unit includes attached garage</b> |  |  |  |
| 1,000 sq. ft. or less   |  | 194.64   | 4  |
| Ea. add'l 500 sq. ft. or portion  |  | 34.77  |  |
| Limited energy, residential (with above sq. ft.)                                  |  | 46.42  | 2  |
| Limited energy, multi-family residential (with above sq. ft.)                     |  | 91.72  | 2  |
| <b>Services or feeders installation, alteration, and/or relocation</b>            |  |  |  |
| 200 amps or less  |  | 115.83   | 2  |
| 201 amps to 400 amps  |  | 137.89   | 2  |
| 401 amps to 600 amps  |  | 229.34   | 2  |
| 601 amps to 1,000 amps  |  | 299.93   | 2  |
| Over 1,000 amps or volts  |  | 690.22   | 2  |
| Utility reconnect   |  | 91.72  | 1  |
| <b>Temporary services or feeders installation, alteration, and/or relocation</b>  |  |  |  |
| 200 amps or less  |  | 91.72  | 2  |
| 201 amps to 400 amps  |  | 127.41   | 2  |
| 401 amps to 600 amps  |  | 184.11   | 2  |
| 601 amps to 1,000 amps  |  | 225.29   | 2  |
| <b>Branch circuits - new, alteration, or extension, per panel</b>                 |  |  |  |
| A. Fee for branch circuits with above service or feeder fee, each branch circuit  |  | 4.26   | 2  |
| B. Fee for branch circuits without service or feeder fee, first branch circuit    |  | 81.14  | 2  |
| Each add'l branch circuit   |  | 4.26   |  |
| <b>Miscellaneous (service or feeder not included)</b>                             |  |  |  |
| Each manufactured or modular dwelling, service, and/or feeder                     |  | 91.72  | 2  |
| Pump or irrigation circle   |  | 91.72  | 2  |
| Sign or outline lighting  |  | 91.72  | 2  |
| Signal circuit(s) or limited-energy panel, alteration, or extension. Describe:    |  | 91.72  | 2  |
| <b>Each additional inspection over allowable in any of the above</b>              |  |  |  |
| Per inspection  |  | 81.14  |  |
| Investigation fee   |  |  |  |
| Other:  |  |  |  |
| Electrical permit fees  |  |  |  |
| <b>SUBTOTAL</b>   |  |  | <b>0.00</b>  |
| Plan review (25% of permit fee)   |  |  |  |
| State surcharge (12% of permit fee)   |  |  | <b>0.00</b>  |
| <b>TOTAL PERMIT FEE</b>   |  |  | <b>\$0.00</b>  |

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete  
 \* Number of inspections allowed per permit.  
 Form B70-1002 REV 10/17



### Electrical Permit Application

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: 6/22/2020 | Permit No.: B2020-2139 |
| Date issued: 7-17-20     | By: <i>[Signature]</i> |
| Payment Type: Visa       |                        |

| TYPE OF WORK  |   |
|---|---|
| <input type="checkbox"/> New construction   | <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"/> Multi-family   | <input type="checkbox"/> Accessory building                         |
| <input type="checkbox"/> Master builder <input type="checkbox"/> Other:   |   |
| JOB SITE INFORMATION AND LOCATION   |   |
| Job no.: 200947   | Job address: 9701 SW Barnes Rd                                      |
| City/State/ZIP: Portland OR 97225   |   |
| Suite/bldg./apt. no.: Suite 110   | Project name: NW Renal  |
| Cross street/directions to job site:  |   |
| Subdivision:  | Lot no.:  |
| Tax map/parcel no.:   |   |
| DESCRIPTION OF WORK   |   |
| Remove and relocate electrical in Clean/Dirty Room  |   |
| <input type="checkbox"/> PROPERTY OWNER   | <input type="checkbox"/> TENANT                                     |
| Name:   |   |
| Address:  |   |
| City/State/ZIP:   |   |
| Phone:  | Fax:  |
| E-mail:   |   |
| Owner Installation: This installation is being made on property that I own, which is not intended for sale, lease, rent, or exchange. |   |
| Owner signature: _____  | Date: _____   |
| <input type="checkbox"/> APPLICANT  | <input type="checkbox"/> CONTACT PERSON                             |
| Business name:  |   |
| Contact name:   |   |
| Address:  |   |
| City/State/ZIP:   |   |
| Phone:  | Fax:  |
| E-mail:   |   |
| CONTRACTOR  |   |
| Business name: Capitol Electric   |   |
| Address: 11401 NE Marx  |   |
| City/State/ZIP: Portland OR 97220   |   |
| Phone: (503) 255-9488   | Fax: (503) 257-7121   |
| E-mail: brian@cepdx.com   | CCB lic. no.: 48748   |
| Electrical lic. no.: 3132-S   | City or metro lic.:   |
| Supervising electrician signature, required: <i>[Signature]</i>   |   |
| Print name: Darrell McNeel  | Date: 06/22/20  |
| Authorized signature: <i>[Signature]</i>  |   |
| Print name: Darrell McNeel  | Date: 06/22/20  |

| PLAN REVIEW  |  |  |  |
|--|--|--|--|
| Please check all that apply:   |  | <input type="checkbox"/> Service or feeder over 600 amps       |  |
| <input type="checkbox"/> Service or feeder 400amps or more                       | <input type="checkbox"/> Building over three stories   | <input type="checkbox"/> Marinas and boatyards                 | <input type="checkbox"/> Floating buildings  |
| <input type="checkbox"/> Fire pump   | <input type="checkbox"/> Emergency system              | <input type="checkbox"/> Commercial-use agricultural buildings | <input type="checkbox"/> Installation of 150 KVA or larger separately derived system |
| <input type="checkbox"/> Addition of new motor load of 100HP or more             | <input type="checkbox"/> Six or more residential units | <input type="checkbox"/> "A," "E," "1-2," "1-3" occupancy      | <input type="checkbox"/> Recreational vehicle parks                                  |
| <input checked="" type="checkbox"/> Health-care facilities                       | <input type="checkbox"/> Hazardous locations           |  |  |
| FEE SCHEDULE   |  |  |  |
| Description  | Qty.   | Fee  | Total  |
| <b>Residential single- or multi-family dwelling unit</b>                         |  |  |  |
| Includes attached garage   |  |  |  |
| 1,000 sq. ft. or less  |  | 194.64   | 4  |
| Ea. add'l 500 sq. ft. or portion   |  | 34.77  |  |
| Limited energy, residential (with above sq. ft.)                                 |  | 46.42  | 2  |
| Limited energy, multi-family residential (with above sq. ft.)                    |  | 91.72  | 2  |
| <b>Services or feeders installation, alteration, and/or relocation</b>           |  |  |  |
| 200 amps or less   |  | 115.83   | 2  |
| 201 amps to 400 amps   |  | 137.89   | 2  |
| 401 amps to 600 amps   |  | 229.34   | 2  |
| 601 amps to 1,000 amps   |  | 299.93   | 2  |
| Over 1,000 amps or volts   |  | 690.22   | 2  |
| Utility reconnect  |  | 91.72  | 1  |
| <b>Temporary services or feeders installation, alteration, and/or relocation</b> |  |  |  |
| 200 amps or less   |  | 91.72  | 2  |
| 201 amps to 400 amps   |  | 127.41   | 2  |
| 401 amps to 600 amps   |  | 184.11   | 2  |
| 601 amps to 1,000 amps   |  | 225.29   | 2  |
| <b>Branch circuits – new, alteration, or extension, per panel</b>                |  |  |  |
| A. Fee for branch circuits with above service or feeder fee, each branch circuit |  | 4.26   | 2  |
| B. Fee for branch circuits without service or feeder fee, first branch circuit   | 1  | 81.14  | 81.14  |
| Each add'l branch circuit  | 2  | 4.26   | 8.52   |
| <b>Miscellaneous (service or feeder not included)</b>                            |  |  |  |
| Each manufactured or modular dwelling, service, and/or feeder                    |  | 91.72  | 2  |
| Pump or irrigation circle  |  | 91.72  | 2  |
| Sign or outline lighting   |  | 91.72  | 2  |
| Signal circuit(s) or limited-energy panel, alteration, or extension. Describe:   |  | 91.72  | 2  |
| <b>Each additional inspection over allowable in any of the above</b>             |  |  |  |
| Per inspection   |  | 81.14  |  |
| Investigation fee  |  |  |  |
| Other:   |  |  |  |
| Electrical permit fees   |  |  |  |
| SUBTOTAL   |  |  | 89.66  |
| Plan review (25% of permit fee)  |  |  | 22.42  |
| State surcharge (12% of permit fee)  |  |  | 10.76  |
| TOTAL PERMIT FEE   |  |  | \$100.42   |

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete  
 \* Number of inspections allowed per permit.  
 Form B70-1002 REV 10/17



City Of Beaverton  
 12725 SW Millikan Way  
 Beaverton, OR 97076  
 Phone: 503-526-2542  
 Email: cunderwood@beavertonoregon.gov

B2020-2502

**Commercial Electrical Authorization To Begin Work**  
**05350-BEL-20-00504**

Approval Code: 081411 7/17/2020 6:55 am

E-mailed To: DENNISW@STONERGROUP.COM

| TYPE OF WORK                                     |   |
|--|---|
| <input type="checkbox"/> New Construction        | <input checked="" type="checkbox"/> Addition/alteration/replacement   |
| CATEGORY OF CONSTRUCTION                         |   |
| <input type="checkbox"/> 1 or 2 family dwelling  | <input type="checkbox"/> Multi-family <input checked="" type="checkbox"/> Commercial <input type="checkbox"/> Accessory |
| JOB SITE INFORMATION AND LOCATION                |   |
| Job Address: 14523 SW MILLIKAN WAY               |   |
| City/State/ZIP: BEAVERTON, OR 97005              |   |
| Suite/bldg./apt.no.: 100                         |   |
| Project Name: HERMANSON INSTRUMENTS              |   |
| Cross Street/directions to job site:             |   |
| Tax map/parcel no.: 1S109CB00100                 |   |
| DESCRIPTION OF WORK                              |   |
| L/E FOR HVAC CONTROLS                            |   |
| APPLICANT  |   |
| Name: ILYA SHKURATKOV                            |   |
| Phone: 9718064721                                | Fax: 5036594968   |
| Email:   |   |
| CONTRACTOR                                       |   |
| Elec lic. no.: 26-122C                           | CCB lic. no.: 44823   |
| Business Name: STONER ELECTRIC INC               |   |
| Contact:   |   |
| Address: 1904 SE OCHOCO                          |   |
| City/State/ZIP: MILWAUKIE, OR 97222              |   |
| Phone: 5034626500                                | Fax: 5036594968   |
| Email: DENNISW@STONERGROUP.COM                   |   |
| Metro lic. no.:                                  | City lic. no.:  |
| Supervising Electrician's lic. no.:              |   |
| Supervising Electrician's Name:                  |   |
| Number of Inspections included in paid services: |   |
| Residential Service:                             | 4   |
| Reconnect Only:                                  | 1   |
| All Other Services:                              | 2   |

| PLAN REVIEW   |   |  |                 |
|---|---|--|-----------------|
| <b>Please check all that apply:</b>   |   |  |                 |
| <input type="checkbox"/> A service or feeder beginning at 400 Amps where the available fault current exceeds 10,000 Amps at 150 Volts or less to ground exceeds 14,000 Amps for all other | <input type="checkbox"/> Hazardous locations  | <input type="checkbox"/> A service or feeder rated at 600 amps or more         |                 |
| <input type="checkbox"/> Fire pumps   | <input type="checkbox"/> Buildings more than three stor                             | <input type="checkbox"/> Marinas and boat yards                                |                 |
| <input type="checkbox"/> Emergency systems  | <input type="checkbox"/> Floating buildings   | <input type="checkbox"/> Commercial-use agricultural buildings                 |                 |
| <input type="checkbox"/> Addition of a new motor load of 100 HP or more   | <input type="checkbox"/> Installation of a 150 KVA or larger seperately derived sys | <input type="checkbox"/> "A", "E", or "I-2" or "I-3"                           |                 |
| <input type="checkbox"/> Six or more residential units in one structure   | <input type="checkbox"/> Recreational Vehicle Parks                                 | <input type="checkbox"/> Supply voltage for more than 600 supply volts nominal |                 |
| <input type="checkbox"/> Health care facilities   |   |  |                 |
| FEE SCHEDULE  |   |  |                 |
| Description   | Qty.  | Ea.  | Total           |
| <b>Limited Energy</b>   |   |  |                 |
| Stand-alone limited energy, commercial  | 1   | \$91.72  | \$91.72         |
| <b>Electrical Permit Fees</b>   |   |  |                 |
| Subtotal  |   |  | \$91.72         |
| State surcharge (12% of permit total)   |   |  | \$11.01         |
| <b>TOTAL PERMIT FEE</b>   |   |  | <b>\$102.73</b> |

Upon review and approval by your local jurisdiction, your permit will be e-mailed or faxed within one business day, with instructions on how to schedule your inspection.

NOTE: This Authorization To Begin Work expires within 180 days if a permit is not obtained.

The local building department may determine that an Authorization To Begin Work is null and void if it does not meet applicable land use laws and local ordinances.

**This Authorization to Begin Work is not a permit, to schedule inspections you need a permit from City Of Beaverton**  
 Inspections Phone: 503-526-2400 Inspections Email: cunderwood@beavertonoregon.gov  
**This Authorization To Begin Work must be posted at the job site until replaced by a Permit**



City Of Beaverton  
 12725 SW Millikan Way  
 Beaverton, OR 97076  
 Phone: 503-526-2542  
 Email: cunderwood@beavertonoregon.gov

**Residential Electrical Authorization To Begin Work**

**05350-BEL-20-00505**

Approval Code: 112350 7/17/2020 12:25 pm

E-mailed To: josh@smileyelectric.net

B2020-2507

| TYPE OF WORK   |  |
|--|--|
| <input type="checkbox"/> New Construction                  | <input checked="" type="checkbox"/> Addition/alteration/replacement  |
| CATEGORY OF CONSTRUCTION                                   |  |
| <input checked="" type="checkbox"/> 1 or 2 family dwelling | <input type="checkbox"/> Multi-family <input type="checkbox"/> Commercial <input type="checkbox"/> Accessory |
| JOB SITE INFORMATION AND LOCATION                          |  |
| Job Address: 13045 SW HEATHER CT                           |  |
| City/State/ZIP: BEAVERTON, OR 97008                        |  |
| Suite/bldg./apt.no.:                                       |  |
| Project Name:  |  |
| Cross Street/directions to job site:                       |  |
| Tax map/parcel no.: 1S121DB02500                           |  |
| DESCRIPTION OF WORK  |  |
| Bathroom remodel   |  |
| APPLICANT  |  |
| Name: Josh Smiley  |  |
| Phone: 5034847556  | Fax:   |
| Email:   |  |
| CONTRACTOR   |  |
| Elec lic. no.: C1479                                       | CCB lic. no.: 227116   |
| Business Name: SMILEY ELECTRIC INCORPORATED                |  |
| Contact:   |  |
| Address: 236 NE 55TH AVE                                   |  |
| City/State/ZIP: HILLSBORO, OR 97124                        |  |
| Phone: 5034847556  | Fax:   |
| Email: JOSH@SMILEYELECTRIC.NET                             |  |
| Metro lic. no.:  | City lic. no.:   |
| Supervising Electrician's lic. no.:                        |  |
| Supervising Electrician's Name:                            |  |
| Number of inspections included in paid services:           |  |
| Residential Service:                                       | 4  |
| Reconnect Only:  | 1  |
| All Other Services:  | 2  |

| PLAN REVIEW   |   |
|---|---|
| <b>Please check all that apply:</b>   |   |
| <input type="checkbox"/> A service or feeder beginning at 400 Amps where the available fault current exceeds 10,000 Amps at 150 Volts or less to ground exceeds 14,000 Amps for all other | <input type="checkbox"/> Hazardous locations  |
| <input type="checkbox"/> Fire pumps   | <input type="checkbox"/> A service or feeder rated at 600 amps or more              |
| <input type="checkbox"/> Emergency systems  | <input type="checkbox"/> Buildings more than three stor                             |
| <input type="checkbox"/> Addition of a new motor load of 100 HP or more   | <input type="checkbox"/> Marinas and boat yards                                     |
| <input type="checkbox"/> Six or more residential units in one structure   | <input type="checkbox"/> Floating buildings   |
| <input type="checkbox"/> Health care facilities   | <input type="checkbox"/> Commercial-use agricultural buildings                      |
|   | <input type="checkbox"/> Installation of a 150 KVA or larger separately derived sys |
|   | <input type="checkbox"/> "A", "E", or "I-2" or "I-3"                                |
|   | <input type="checkbox"/> Recreational Vehicle Parks                                 |
|   | <input type="checkbox"/> Supply voltage for more than 600 supply volts nominal      |

| FEE SCHEDULE  |      |         |                 |
|---|------|---------|-----------------|
| Description   | Qty. | Ea.     | Total           |
| <b>Branch circuits</b>                                  |      |         |                 |
| Branch circuits without service or feeder               | 1    | \$81.14 | \$81.14         |
| Branch circuits each additional circuit without service | 4    | \$4.26  | \$17.04         |
| <b>Electrical Permit Fees</b>                           |      |         |                 |
| Subtotal  |      |         | \$98.18         |
| State surcharge (12% of permit total)                   |      |         | \$11.78         |
| <b>TOTAL PERMIT FEE</b>                                 |      |         | <b>\$109.96</b> |

Upon review and approval by your local jurisdiction, your permit will be e-mailed or faxed within one business day, with instructions on how to schedule your inspection.

NOTE: This Authorization To Begin Work expires within 180 days if a permit is not obtained.

The local building department may determine that an Authorization To Begin Work is null and void if it does not meet applicable land use laws and local ordinances.

**This Authorization to Begin Work is not a permit, to schedule inspections you need a permit from City Of Beaverton**

**Inspections Phone: 503-526-2400 Inspections Email: cunderwood@beavertonoregon.gov**

**This Authorization To Begin Work must be posted at the job site until replaced by a Permit**



**Electrical Permit Application**  
 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: <b>7-17-20</b> | Permit No.: <b>B2020-2510</b> |
| Date Issued: <b>7-17-20</b>   | By: <b>W</b>                  |
|                               | Payment Type: <b>Visa</b>     |

| TYPE OF WORK  |  |
|---|--|
| <input checked="" type="checkbox"/> New construction  | <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"/> Multi-family   | <input type="checkbox"/> Master builder                  |
| <input type="checkbox"/> Accessory building   | <input type="checkbox"/> Other:                          |
| JOB SITE INFORMATION AND LOCATION   |  |
| Job no.:  | Job address: <b>8834 SW Hall Blvd</b>                    |
| City/State/ZIP: <b>Beaveton</b>   |  |
| Suite/bldg./apt. no.:   | Project name: <b>T-Mobil</b>                             |
| Cross street/directions to job site:  |  |
| Subdivision:  | Lot no.:   |
| Tax map/parcel no.:   |  |
| DESCRIPTION OF WORK   |  |
| remove existing and replace with LED illuminated pan channel letters  |  |
| <input type="checkbox"/> PROPERTY OWNER   | <input checked="" type="checkbox"/> TENANT               |
| Name: <b>Luis Galeano</b>   |  |
| Address: <b>50752 Haven Hill Dr</b>   |  |
| City/State/ZIP: <b>Gragner IN 46530</b>   |  |
| Phone: <b>(574) 247-0624</b>  | Fax:   |
| E-mail:   |  |
| Owner installation: This installation is being made on property that I own, which is not intended for sale, lease, rent, or exchange. |  |
| Owner signature: _____ Date: _____  |  |
| <input type="checkbox"/> APPLICANT  | <input type="checkbox"/> CONTACT PERSON                  |
| Business name: <b>Valley Sign Solutions</b>   |  |
| Contact name: <b>Michael Sunday</b>   |  |
| Address: <b>580 Sherman Way</b>   |  |
| City/State/ZIP: <b>Eagle Point Oregon 97524</b>   |  |
| Phone: <b>(541) 646-4992</b>  | Fax:   |
| E-mail: <b>msunday541@yahoo.com</b>   |  |
| CONTRACTOR  |  |
| Business name: <b>Valley Sign Solutions</b>   |  |
| Address: <b>465 Hodson Rd</b>   |  |
| City/State/ZIP: <b>Gold Hill OR 97525</b>   |  |
| Phone: <b>(541) 326-2405</b>  | Fax:   |
| E-mail: <b>valleysignssolutions@gmail.com</b>   | CCB lic. no.: <b>223184</b>                              |
| Electrical lic. no.: <b>Sig 760</b>   | City or metro lic.:                                      |
| Supervising electrician signature, required: <i>Trent Ulrey</i>   |  |
| Print name: <b>Trent Ulrey</b>  | Date: <b>07/17/20</b>                                    |
| Authorized signature:   |  |
| Print name:   | Date:  |

| PLAN REVIEW   |  |  |   |  |
|---|--|--|---|--|
| Please check all that apply:  |  | <input type="checkbox"/> Service or feeder over 600 amps                             |   |  |
| <input type="checkbox"/> Service or feeder 400amps or more                              | <input type="checkbox"/> Building over three stories   | <input type="checkbox"/> Marinas and boatyards                                       | <input type="checkbox"/> Floating buildings               | <input type="checkbox"/> Commercial-use agricultural buildings |
| <input type="checkbox"/> Fire pump  | <input type="checkbox"/> Emergency system              | <input type="checkbox"/> Installation of 150 KVA or larger separately derived system | <input type="checkbox"/> "A," "E," "I-2," "I-3" occupancy | <input type="checkbox"/> Recreational vehicle parks            |
| <input type="checkbox"/> Addition of new motor load of 100HP or more                    | <input type="checkbox"/> Six or more residential units | <input type="checkbox"/> Health-care facilities                                      | <input type="checkbox"/> Hazardous locations              |  |
| FEE SCHEDULE  |  |  |   |  |
| Description   | Qty.   | Fee  | Total   | *  |
| <b>Residential single- or multi-family dwelling unit</b>                                |  |  |   |  |
| <b>Includes attached garage</b>   |  |  |   |  |
| 1,000 sq. ft. or less   |  | 194.64   |   | 4  |
| Ea. add'l 500 sq. ft. or portion  |  | 34.77  |   |  |
| Limited energy, residential (with above sq. ft.)  |  | 46.42  |   | 2  |
| Limited energy, multi-family residential (with above sq. ft.)                           |  | 91.72  |   | 2  |
| <b>Services or feeders installation, alteration, and/or relocation</b>                  |  |  |   |  |
| 200 amps or less  |  | 115.83   |   | 2  |
| 201 amps to 400 amps  |  | 137.89   |   | 2  |
| 401 amps to 600 amps  |  | 229.34   |   | 2  |
| 601 amps to 1,000 amps  |  | 299.93   |   | 2  |
| Over 1,000 amps or volts  |  | 690.22   |   | 2  |
| Utility reconnect   |  | 91.72  |   | 1  |
| <b>Temporary services or feeders installation, alteration, and/or relocation</b>        |  |  |   |  |
| 200 amps or less  |  | 91.72  |   | 2  |
| 201 amps to 400 amps  |  | 127.41   |   | 2  |
| 401 amps to 600 amps  |  | 184.11   |   | 2  |
| 601 amps to 1,000 amps  |  | 225.29   |   | 2  |
| <b>Branch circuits – new, alteration, or extension, per panel</b>                       |  |  |   |  |
| A. Fee for branch circuits <i>with</i> above service or feeder fee, each branch circuit |  | 4.26   |   | 2  |
| B. Fee for branch circuits <i>without</i> service or feeder fee, first branch circuit   |  | 81.14  |   | 2  |
| Each add'l branch circuit   |  | 4.26   |   |  |
| <b>Miscellaneous (service or feeder not included)</b>                                   |  |  |   |  |
| Each manufactured or modular dwelling, service, and/or feeder                           |  | 91.72  |   | 2  |
| Pump or irrigation circle   |  | 91.72  |   | 2  |
| Sign or outline lighting  | 1  | 91.72  | 91.72   | 2  |
| Signal circuit(s) or limited-energy panel, alteration, or extension. Describe:          |  | 91.72  |   | 2  |
| <b>Each additional inspection over allowable in any of the above</b>                    |  |  |   |  |
| Per inspection  |  | 81.14  |   |  |
| Investigation fee   |  |  |   |  |
| Other:  |  |  |   |  |
| <b>Electrical permit fees</b>   |  |  |   |  |
| <b>SUBTOTAL</b>   |  |  | <b>91.72</b>  |  |
| Plan review (25% of permit fee)   |  |  |   |  |
| State surcharge (12% of permit fee)   |  |  | <b>11.01</b>  |  |
| <b>TOTAL PERMIT FEE</b>   |  |  | <b>\$102.73</b>   |  |

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete  
 \* Number of inspections allowed per permit.  
 Form B20 10/02 REV 10/17



City Of Beaverton  
 12725 SW Millikan Way  
 Beaverton, OR 97076  
 Phone: 503-526-2542  
 Email: cunderwood@beavertonoregon.gov

**Commercial Electrical Authorization To Begin Work**

**05350-BEL-20-00506**

Approval Code: 717113 7/17/2020 3:31 pm

E-mailed To: CDPERMITS@CEPDX.COM

B2020-2511

| TYPE OF WORK   |   |
|--|---|
| <input type="checkbox"/> New Construction  | <input checked="" type="checkbox"/> Addition/alteration/replacement   |
| CATEGORY OF CONSTRUCTION   |   |
| <input type="checkbox"/> 1 or 2 family dwelling                                  | <input type="checkbox"/> Multi-family <input checked="" type="checkbox"/> Commercial <input type="checkbox"/> Accessory |
| JOB SITE INFORMATION AND LOCATION  |   |
| Job Address: 9100 SW GEMINI DR   |   |
| City/State/ZIP: BEAVERTON, OR 97008  |   |
| Suite/bldg./apt.no.:   |   |
| Project Name: C200466 - FormFactor P-Probes                                      |   |
| Cross Street/directions to job site:   |   |
| Tax map/parcel no.: 1S127DB00302   |   |
| DESCRIPTION OF WORK  |   |
| C200466 (FormFactor P-Probes) - Install low voltage cabling in the P-Probes Lab. |   |
| APPLICANT  |   |
| Name: Eric Cerdena   |   |
| Phone: 5032559488  | Fax: 5032551966   |
| Email:   |   |
| CONTRACTOR   |   |
| Elec lic. no.: 26-1054CLE  | CCB lic. no.: 142457  |
| Business Name: CAPITOL DATA & COMMUNICATIONS INC                                 |   |
| Contact:   |   |
| Address: 11401 NE MARX   |   |
| City/State/ZIP: PORTLAND, OR 972201041   |   |
| Phone: 5032559488  | Fax: 5032551966   |
| Email: CDPERMITS@CEPDX.COM   |   |
| Metro lic. no.:  | City lic. no.:  |
| Supervising Electrician's lic. no.:  |   |
| Supervising Electrician's Name:  |   |
| Number of inspections included in paid services:                                 |   |
| Residential Service:   | 4   |
| Reconnect Only:  | 1   |
| All Other Services:  | 2   |

| PLAN REVIEW   |      |   |                 |
|---|------|---|-----------------|
| Please check all that apply:  |      | <input type="checkbox"/> Hazardous locations<br><input type="checkbox"/> A service or feeder rated at 600 amps or more<br><input type="checkbox"/> Buildings more than three stor<br><input type="checkbox"/> Marinas and boat yards<br><input type="checkbox"/> Floating buildings<br><input type="checkbox"/> Commercial-use agricultural buildings<br><input type="checkbox"/> Installation of a 150 KVA or larger seperately derived sys<br><input type="checkbox"/> "A", "E", or "I-2" or "I-3"<br><input type="checkbox"/> Recreational Vehicle Parks<br><input type="checkbox"/> Supply voltage for more than 600 supply volts nominal |                 |
| <input type="checkbox"/> A service or feeder beginning at 400 Amps where the available fault current exceeds 10,000 Amps at 150 Volts or less to ground exceeds 14,000 Amps for all other<br><br><input type="checkbox"/> Fire pumps<br><input type="checkbox"/> Emergency systems<br><input type="checkbox"/> Addition of a new motor load of 100 HP or more<br><input type="checkbox"/> Six or more residential units in one structure<br><input type="checkbox"/> Health care facilities |      |   |                 |
| FEE SCHEDULE  |      |   |                 |
| Description   | Qty. | Ea.   | Total           |
| <b>Miscellaneous</b>  |      |   |                 |
| Signal circuit(s) or limited-energy panel, alteration, or extension   | 1    | \$91.72   | \$91.72         |
| <b>Electrical Permit Fees</b>   |      |   |                 |
| Subtotal  |      |   | \$91.72         |
| State surcharge (12% of permit total)   |      |   | \$11.01         |
| <b>TOTAL PERMIT FEE</b>   |      |   | <b>\$102.73</b> |

Upon review and approval by your local jurisdiction, your permit will be e-mailed or faxed within one business day, with instructions on how to schedule your inspection.

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**This Authorization to Begin Work is not a permit, to schedule inspections you need a permit from City Of Beaverton**

**Inspections Phone: 503-526-2400 Inspections Email: cunderwood@beavertonoregon.gov**

**This Authorization To Begin Work must be posted at the job site until replaced by a Permit**



# Electrical Permit Application

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: 7/20/2020 | Permit No: B2020-2594 |
| Date Issued: 7/20/2020   | ELN                   |
| Payment Type:            |                       |

| TYPE OF WORK  |   |
|---|---|
| <input type="checkbox"/> New construction   | <input checked="" type="checkbox"/> Addition/alteration/replacement |
| <input type="checkbox"/> Other: B2020-1367  |   |
| CATEGORY OF CONSTRUCTION  |   |
| <input checked="" type="checkbox"/> 1- and 2-family dwelling  | <input type="checkbox"/> Commercial/industrial                      |
| <input type="checkbox"/> Multi-family   | <input type="checkbox"/> Accessory building                         |
| <input type="checkbox"/> Master builder   |   |
| <input type="checkbox"/> Other:   |   |
| JOB SITE INFORMATION AND LOCATION   |   |
| Job no.:  | Job address: 9580 sw Diamond View way                               |
| City/State/ZIP: Beaverton OR 97007  |   |
| Suite/bldg./apt. no.:   | Project name:   |
| Cross street/directions to job site: Red Rock Way   |   |
| Subdivision: Carson Crest II  | Lot no.: 56   |
| Tax map/parcel no.:   |   |
| DESCRIPTION OF WORK   |   |
| Addition to garage and living space   |   |
| <input checked="" type="checkbox"/> PROPERTY OWNER  | <input type="checkbox"/> TENANT                                     |
| Name: Linda Lim   |   |
| Address: 9580 SW Diamond View Way   |   |
| City/State/ZIP: Beaverton, OR 97007   |   |
| Phone:  | Fax:  |
| E-mail: techmotorz@yahoo.com  |   |
| Owner installation: This installation is being made on property that I own, which is not intended for sale, lease, rent, or exchange. |   |
| Owner signature: <u>Linda Lim</u>   | Date: 07/08/20  |
| <input checked="" type="checkbox"/> APPLICANT   | <input type="checkbox"/> CONTACT PERSON                             |
| Business name:  |   |
| Contact name: Farzad Moradian   |   |
| Address: 6107 SW Murray Blvd #454   |   |
| City/State/ZIP: Beaverton, OR 97008   |   |
| Phone: (503) 805-1111   | Fax:  |
| E-mail: techmotorz@yahoo.com  |   |
| CONTRACTOR  |   |
| Business name: Sunlight Electric  |   |
| Address: 2804 NE 65th Ave. Suite D  |   |
| City/State/ZIP: Vancouver WA 98661  |   |
| Phone: (360) 518-7589   | Fax:  |
| E-mail:   | CCB lic. no.: 172549  |
| Electrical lic. no.: Yesor  | City or metro lic.:   |
| Supervising electrician signature, required: <u>Yegor Sherchenko</u>  |   |
| Print name: <u>Yegor Sherchenko</u>   | Date: 7-9-20  |
| Authorized signature:   |   |
| Print name: <u>V. L. S.</u>   | Date: 7-9-20  |

| PLAN REVIEW   |  |  |  |
|---|--|--|--|
| Please check all that apply:  |  | <input type="checkbox"/> Service or feeder over 600 amps       |  |
| <input type="checkbox"/> Service or feeder 400amps or more                        | <input type="checkbox"/> Building over three stories   | <input type="checkbox"/> Marinas and boatyards                 | <input type="checkbox"/> Floating buildings  |
| <input type="checkbox"/> Fire pump  | <input type="checkbox"/> Emergency system              | <input type="checkbox"/> Commercial-use agricultural buildings | <input type="checkbox"/> Installation of 150 KVA or larger separately derived system |
| <input type="checkbox"/> Addition of new motor load of 100HP or more              | <input type="checkbox"/> Six or more residential units | <input type="checkbox"/> Health-care facilities                | <input type="checkbox"/> "A," "E," "1-2," "1-3" occupancy                            |
| <input type="checkbox"/> Hazardous locations                                      | <input type="checkbox"/> Recreational vehicle parks    |  |  |
| FEE SCHEDULE  |  |  |  |
| Description   | Qty.   | Fee  | Total  |
| <b>Residential single- or multi-family dwelling unit</b>                          |  |  |  |
| <b>Includes attached garage</b>   |  |  |  |
| 1,000 sq. ft. or less   |  | 194.64   | 4  |
| Ea. add'l 500 sq. ft. or portion  |  | 34.77  |  |
| Limited energy, residential (with above sq. ft.)                                  |  | 46.42  | 2  |
| Limited energy, multi-family residential (with above sq. ft.)                     |  | 91.72  | 2  |
| <b>Services or feeders installation, alteration, and/or relocation:</b>           |  |  |  |
| 200 amps or less  |  | 115.83   | 2  |
| 201 amps to 400 amps  |  | 137.89   | 2  |
| 401 amps to 600 amps  |  | 229.34   | 2  |
| 601 amps to 1,000 amps  |  | 299.93   | 2  |
| Over 1,000 amps or volts  |  | 690.22   | 2  |
| Utility reconnect   |  | 91.72  | 1  |
| <b>Temporary services or feeders installation, alteration, and/or relocation:</b> |  |  |  |
| 200 amps or less  |  | 91.72  | 2  |
| 201 amps to 400 amps  |  | 127.41   | 2  |
| 401 amps to 600 amps  |  | 184.11   | 2  |
| 601 amps to 1,000 amps  |  | 225.29   | 2  |
| <b>Branch circuits - new, alteration, or extension, per panel:</b>                |  |  |  |
| A. Fee for branch circuits with above service or feeder fee, each branch circuit  |  | 4.26   | 2  |
| B. Fee for branch circuits without service or feeder fee, first branch circuit    | 10   | 81.14  | 2  |
| Each add'l branch circuit   |  | 4.26   |  |
| <b>Miscellaneous (service or feeder not included):</b>                            |  |  |  |
| Each manufactured or modular dwelling, service, and/or feeder                     |  | 91.72  | 2  |
| Pump or irrigation circle   |  | 91.72  | 2  |
| Sign or outline lighting  |  | 91.72  | 2  |
| Signal circuit(s) or limited-energy panel, alteration, or extension. Describe:    |  | 91.72  | 2  |
| <b>Each additional inspection over allowable in any of the above:</b>             |  |  |  |
| Per inspection  |  | 81.14  |  |
| Investigation fee   |  |  |  |
| Other:  |  |  |  |
| Electrical permit fees  |  |  |  |
| <b>SUBTOTAL</b>   |  |  | 0.00   |
| Plan review (25% of permit fee)   |  |  |  |
| State surcharge (12% of permit fee)   |  |  | 0.00   |
| <b>TOTAL PERMIT FEE</b>   |  |  | \$0.00   |

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete  
 \* Number of inspections allowed per permit.



# Electrical Permit Application

17125 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: 7/20/2020 | Permit No. 132020-2528 |
| Date Issued: 7/20/2020   | By: [Signature]        |
| Payment Type:            |                        |

| TYPE OF WORK  |   |
|---|---|
| <input type="checkbox"/> New construction   | <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"/> Multi-family   | <input type="checkbox"/> Master builder                             |
| <input type="checkbox"/> Accessory building   |   |
| <input type="checkbox"/> Other:   |   |
| JOB SITE INFORMATION AND LOCATION   |   |
| Job no.:  | Job address: 10355 SW 141 <sup>st</sup> Ave.                        |
| City/State/ZIP: Beaverton, OR 97008   |   |
| Suite/bldg./apt. no.:   | Project name: Janowski  |
| Cross street/directions to job site:  |   |
| Subdivision:  | Lot no.:  |
| Tax map/parcel no.:   |   |
| DESCRIPTION OF WORK   |   |
| Bath remodels, alteration of existing circuits & new circuits as needed to meet code  |   |
| <input type="checkbox"/> PROPERTY OWNER   | <input type="checkbox"/> TENANT                                     |
| Name:   |   |
| Address:  |   |
| City/State/ZIP:   |   |
| Phone:  | Fax:  |
| E-mail:   |   |
| Owner installation: This installation is being made on property that I own, which is not intended for sale, lease, rent, or exchange. |   |
| Owner signature: _____ Date: _____  |   |
| <input type="checkbox"/> APPLICANT  | <input type="checkbox"/> CONTACT PERSON                             |
| Business name:  |   |
| Contact name:   |   |
| Address:  |   |
| City/State/ZIP:   |   |
| Phone:  | Fax:  |
| E-mail:   |   |
| CONTRACTOR  |   |
| Business name: Wronski Construction Co.   |   |
| Address: PO Box 2769  |   |
| City/State/ZIP: Clatsamas, OR 97015   |   |
| Phone: 503-804-0383   | Fax: none   |
| E-mail: al@wronskiconstruction.com  | CCB lic. no.: 209367  |
| Electrical lic. no.: 54958  | City or metro lic.: 12188   |
| Supervising electrician signature, required: [Signature]  |   |
| Print name: Tyler Wronski   | Date: 7/13/2020   |
| Authorized signature:   |   |
| Date:   |   |

| PLAN REVIEW   |  |  |  |   |
|---|--|--|--|---|
| Please check all that apply:  |  |  |  |   |
| <input type="checkbox"/> Service or feeder 400amps or more                        | <input type="checkbox"/> Service or feeder over 600 amps | <input type="checkbox"/> Building over three stories           | <input type="checkbox"/> Marine and temporary  | <input type="checkbox"/> Floating buildings               |
| <input type="checkbox"/> Fire pump  | <input type="checkbox"/> Emergency system                | <input type="checkbox"/> Commercial-use agricultural buildings | <input type="checkbox"/> Installation of 150 KVA or larger separately derived system | <input type="checkbox"/> "A," "E," "I-2," "I-3" occupancy |
| <input type="checkbox"/> Addition of new motor load of 100HP or more              | <input type="checkbox"/> Six or more residential units   | <input type="checkbox"/> Health-care facilities                | <input type="checkbox"/> Recreational vehicle parks                                  |   |
| <input type="checkbox"/> Hazardous locations                                      |  |  |  |   |
| FEE SCHEDULE  |  |  |  |   |
| Description   | Qty.   | Fee  | Total  | *   |
| <b>Residential single- or multi-family dwelling unit includes attached garage</b> |  |  |  |   |
| 1,000 sq. ft. or less   |  | 194.64   |  | 4   |
| Ea. add'l 500 sq. ft. or portion  |  | 34.77  |  |   |
| Limited energy, residential (with above sq. ft.)                                  |  | 46.42  |  | 2   |
| Limited energy, multi-family residential (with above sq. ft.)                     |  | 91.72  |  | 2   |
| <b>Services or feeders installation, alteration, and/or relocation</b>            |  |  |  |   |
| 200 amps or less  |  | 115.83   |  | 2   |
| 201 amps to 400 amps  |  | 137.89   |  | 2   |
| 401 amps to 600 amps  |  | 229.34   |  | 2   |
| 601 amps to 1,000 amps  |  | 299.93   |  | 2   |
| Over 1,000 amps or volts  |  | 690.22   |  | 2   |
| Utility reconnect   |  | 91.72  |  | 1   |
| <b>Temporary services or feeders installation, alteration, and/or relocation</b>  |  |  |  |   |
| 200 amps or less  |  | 91.72  |  | 2   |
| 201 amps to 400 amps  |  | 127.41   |  | 2   |
| 401 amps to 600 amps  |  | 184.11   |  | 2   |
| 601 amps to 1,000 amps  |  | 225.29   |  | 2   |
| <b>Branch circuits - new, alteration, or extension, per panel</b>                 |  |  |  |   |
| A. Fee for branch circuits with above service or feeder fee, each branch circuit  |  | 4.26   |  | 2   |
| B. Fee for branch circuits without service or feeder fee, first branch circuit    | 1  | 81.14  | 81.14  | 2   |
| Each add'l branch circuit   | 2  | 4.26   | 4.26   |   |
| <b>Miscellaneous (service or feeder not included)</b>                             |  |  |  |   |
| Each manufactured or modular dwelling, service, and/or feeder                     |  | 91.72  |  | 2   |
| Pump or irrigation circle   |  | 91.72  |  | 2   |
| Sign or outline lighting  |  | 91.72  |  | 2   |
| Signal circuit(s) or limited-energy panel, alteration, or extension. Describe:    |  | 91.72  |  | 2   |
| <b>Each additional inspection over allowable in any of the above</b>              |  |  |  |   |
| Per inspection  |  | 81.14  |  |   |
| Investigation fee   |  |  |  |   |
| Other:  |  |  |  |   |
| Electrical permit fees  |  |  |  |   |
| <b>SUBTOTAL</b>   |  |  | 85.40  | 0.00  |
| Plan review (25% of permit fee)   |  |  |  |   |
| State surcharge (12% of permit fee)   |  |  | 10.25  | 0.00  |
| <b>TOTAL PERMIT FEE</b>   |  |  | 95.65  | \$0.00  |

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete  
 \* Number of inspections allowed per permit.  
 Form 870-1002 REV 10/17



**Electrical Permit Application**

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: <b>32020-2525</b> |
| Date Issued: <b>7/20/2020</b> | <b>AN</b>                    |
| Payment Type:                 |                              |

| TYPE OF WORK  |   |
|---|---|
| <input type="checkbox"/> New construction   | <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"/> Multi-family   | <input type="checkbox"/> Master builder                             |
| <input type="checkbox"/> Accessory building   |   |
| <input type="checkbox"/> Other:   |   |
| JOB SITE INFORMATION AND LOCATION   |   |
| Job no.: <b>2070-22</b>   | Job address: <b>16475 SW MARCILE LN</b>                             |
| City/State/ZIP: <b>BEAVERTON, OR 97007</b>  | Project name: <b>GORMAN</b>   |
| Suite/bldg./apt. no.:   | Cross street/directions to job site: <b>SW 165th AVE</b>            |
| Subdivision:  | Lot no.:  |
| Tax map/parcel no.:   |   |
| DESCRIPTION OF WORK   |   |
| <b>ADD 2-120V GFCI CIRCUITS FOR NEW BATH W/</b>   |   |
| <input checked="" type="checkbox"/> PROPERTY OWNER  | <input type="checkbox"/> TENANT                                     |
| Name:   |   |
| Address:  |   |
| City/State/ZIP:   |   |
| Phone:  | Fax:  |
| E-mail:   |   |
| Owner Installation: This installation is being made on property that I own, which is not intended for sale, lease, rent, or exchange. |   |
| Owner signature:  | Date:   |
| <input type="checkbox"/> APPLICANT  | <input checked="" type="checkbox"/> CONTACT PERSON                  |
| Business name:  |   |
| Contact name:   |   |
| Address:  |   |
| City/State/ZIP:   |   |
| Phone:  | Fax:  |
| E-mail:   |   |
| CONTRACTOR  |   |
| Business name: <b>BRIGHT SIDE ELECTRIC</b>  |   |
| Address: <b>PO BOX 930</b>  |   |
| City/State/ZIP: <b>CARLTON, OR 97111</b>  |   |
| Phone: <b>503-852-7900</b>  | Fax: <b>852-9573</b>  |
| E-mail: <b>SANDY M@ONLINE.MAG.COM</b>   | CCB lic. no.: <b>153860</b>   |
| Electrical lic. no.: <b>36-110C</b>   | City or metro lic.: <b>7795</b>                                     |
| Supervising electrician signature, required: <b>David Hysell</b>  |   |
| Print name: <b>DAVID HAYSELL</b>  | Date: <b>7/20/20</b>  |
| Authorized signature: <b>LARRY MYPER</b>  |   |
| Print name: <b>LARRY MYPER</b>  | Date: <b>7/20/20</b>  |

| PLAN REVIEW   |  |  |  |   |
|---|--|--|--|---|
| Please check all that apply:  |  | <input type="checkbox"/> Service or feeder over 600 amps       |  |   |
| <input type="checkbox"/> Service or feeder 400amps or more                          | <input type="checkbox"/> Fire pump                                   | <input type="checkbox"/> Building over three stories           | <input type="checkbox"/> Marinas and boatyards                                       | <input type="checkbox"/> Floating buildings               |
| <input type="checkbox"/> Emergency system   | <input type="checkbox"/> Addition of new motor load of 100HP or more | <input type="checkbox"/> Commercial-use agricultural buildings | <input type="checkbox"/> Installation of 150 KVA or larger separately derived system | <input type="checkbox"/> "A," "E," "4-2," "4-3" occupancy |
| <input type="checkbox"/> Six or more residential units                              | <input type="checkbox"/> Health-care facilities                      | <input type="checkbox"/> Hazardous locations                   | <input type="checkbox"/> Recreational vehicle parks                                  |   |
| FEE SCHEDULE  |  |  |  |   |
| Description   | Qty.   | Fee  | Total  | *   |
| <b>Residential single- or multi-family dwelling unit (includes attached garage)</b> |  |  |  |   |
| 1,000 sq. ft. or less   |  | 194.84   |  | 4   |
| Ea. add'l 500 sq. ft. or portion  |  | 34.77  |  |   |
| Limited energy, residential (with above sq. ft.)                                    |  | 46.42  |  | 2   |
| Limited energy, multi-family residential (with above sq. ft.)                       |  | 91.72  |  | 2   |
| <b>Services or feeders installation, alteration, and/or relocation</b>              |  |  |  |   |
| 200 amps or less  |  | 115.83   |  | 2   |
| 201 amps to 400 amps  |  | 137.89   |  | 2   |
| 401 amps to 600 amps  |  | 229.34   |  | 2   |
| 601 amps to 1,000 amps  |  | 299.93   |  | 2   |
| Over 1,000 amps or volts  |  | 690.22   |  | 2   |
| Utility reconnect   |  | 91.72  |  | 1   |
| <b>Temporary services or feeders installation, alteration, and/or relocation</b>    |  |  |  |   |
| 200 amps or less  |  | 91.72  |  | 2   |
| 201 amps to 400 amps  |  | 127.41   |  | 2   |
| 401 amps to 600 amps  |  | 184.11   |  | 2   |
| 601 amps to 1,000 amps  |  | 225.29   |  | 2   |
| <b>Branch circuits - new, alteration, or extension, per panel</b>                   |  |  |  |   |
| A. Fee for branch circuits with above service or feeder fee, each branch circuit    |  | 4.26   |  | 2   |
| B. Fee for branch circuits without service or feeder fee, first branch circuit      | 1  | 81.14  | 81.14  | 2   |
| Each add'l branch circuit   | 1  | 4.26   | 4.26   |   |
| <b>Miscellaneous (service or feeder not included)</b>                               |  |  |  |   |
| Each manufactured or modular dwelling service and/or feeder                         |  | 91.72  |  | 2   |
| Pump or irrigation circle   |  | 91.72  |  | 2   |
| Sign or outline lighting  |  | 91.72  |  | 2   |
| Signal circuit(s) or limited-energy panel, alteration, or extension. Describe:      |  | 91.72  |  | 2   |
| <b>Each additional inspection over allowable in any of the above</b>                |  |  |  |   |
| Per inspection  |  | 81.14  |  |   |
| Investigation fee   |  |  |  |   |
| Other:  |  |  |  |   |
| <b>Electrical permit fees</b>   |  |  |  |   |
| <b>SUBTOTAL</b>   |  |  | <b>85,440.00</b>   |   |
| Plan review (25% of permit fee)   |  |  |  |   |
| State surcharge (12% of permit fee)   |  |  | <b>10,252.80</b>   |   |
| <b>TOTAL PERMIT FEE</b>   |  |  | <b>95,692.80</b>   |   |

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete  
 \* Number of inspections allowed per permit.  
 Form 870-1002 REV 10/17



### Electrical Permit Application

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: 11/20/2020 | Permit No. B2020-2526 |
| Date Issued: 7/20/2020    | By: [Signature]       |
| Payment Type:             |                       |

| TYPE OF WORK  |   |
|---|---|
| <input type="checkbox"/> New construction   | <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"/> Multi-family   | <input type="checkbox"/> Accessory building                         |
| <input type="checkbox"/> Master builder <input type="checkbox"/> Other:   |   |
| JOB SITE INFORMATION AND LOCATION   |   |
| Job no.:  | Job address: 11000 SW Stratus Street                                |
| City/State/ZIP: Beaverton / Oregon / 97008  |   |
| Suite/bldg./apt. no.:   | Project name: Telestream  |
| Cross street/directions to job site:  |   |
| Subdivision:  | Lot no.:  |
| Tax map/parcel no.:   |   |
| DESCRIPTION OF WORK   |   |
| Low volt for new hvac units   |   |
| <input checked="" type="checkbox"/> PROPERTY OWNER  | <input type="checkbox"/> TENANT                                     |
| Name: Merlwether Properties   |   |
| Address: 1136 Hoyt Street - Ste. 220  |   |
| City/State/ZIP: Portland / Oregon / 97209   |   |
| Phone: (503) 719-5715   | Fax:  |
| E-mail:   |   |
| Owner installation: This installation is being made on property that I own, which is not intended for sale, lease, rent, or exchange. |   |
| Owner signature: _____ Date: _____  |   |
| <input checked="" type="checkbox"/> APPLICANT   | <input type="checkbox"/> CONTACT PERSON                             |
| Business name: Oregon-Aire Inc.   |   |
| Contact name: Ian McDonald  |   |
| Address: 7715 NE 33rd Drive - Ste. A  |   |
| City/State/ZIP: Portland / Oregon / 97211   |   |
| Phone: (503) 335-2222   | Fax:  |
| E-mail: permits@oregon-aire.com   |   |
| CONTRACTOR  |   |
| Business name: Oregon-Aire Inc.   |   |
| Address: 7715 NE 33rd Drive - Ste. A  |   |
| City/State/ZIP: Portland / Oregon / 97211   |   |
| Phone: (503) 335-2222   | Fax:  |
| E-mail: permits@oregon-aire.com   | CCB lic. no.: 64235   |
| Electrical lic. no.: 262 LEB  | City or metro lic.:   |
| Supervising electrician signature, required: <i>Gerald Arnold</i>   |   |
| Print name: Jerry Arnold  | Date:   |
| Authorized signature: <i>Ian McDonald</i>   |   |
| Print name: Ian McDonald  | Date:   |

| PLAN REVIEW   |  |        |          |   |
|---|--|--------|----------|---|
| Please check all that apply:  |  |        |          |   |
| <input type="checkbox"/> Service or feeder 400amps or more                        | <input type="checkbox"/> Service or feeder over 600 amps                             |        |          |   |
| <input type="checkbox"/> Fire pump  | <input type="checkbox"/> Building over three stories                                 |        |          |   |
| <input type="checkbox"/> Emergency system   | <input type="checkbox"/> Marinas and boatyards                                       |        |          |   |
| <input type="checkbox"/> Addition of new motor load of 100HP or more              | <input type="checkbox"/> Floating buildings  |        |          |   |
| <input type="checkbox"/> Six or more residential units                            | <input type="checkbox"/> Commercial-use agricultural buildings                       |        |          |   |
| <input type="checkbox"/> Health-care facilities                                   | <input type="checkbox"/> Installation of 150 KVA or larger separately derived system |        |          |   |
| <input type="checkbox"/> Hazardous locations                                      | <input type="checkbox"/> "A," "E," "I-2," "I-3" occupancy                            |        |          |   |
|   | <input type="checkbox"/> Recreational vehicle parks                                  |        |          |   |
| FEE SCHEDULE  |  |        |          |   |
| Description   | Qty.   | Fee    | Total    | * |
| <b>Residential single- or multi-family dwelling unit includes attached garage</b> |  |        |          |   |
| 1,000 sq. ft. or less   |  | 194.64 |          | 4 |
| Ea. add'l 500 sq. ft. or portion  |  | 34.77  |          |   |
| Limited energy, residential (with above sq. ft.)                                  |  | 46.42  |          | 2 |
| Limited energy, multi-family residential (with above sq. ft.)                     |  | 91.72  |          | 2 |
| <b>Services or feeders installation, alteration, and/or relocation</b>            |  |        |          |   |
| 200 amps or less  |  | 115.83 |          | 2 |
| 201 amps to 400 amps  |  | 137.89 |          | 2 |
| 401 amps to 600 amps  |  | 229.34 |          | 2 |
| 601 amps to 1,000 amps  |  | 299.93 |          | 2 |
| Over 1,000 amps or volts  |  | 690.22 |          | 2 |
| Utility reconnect   |  | 91.72  |          | 1 |
| <b>Temporary services or feeders installation, alteration, and/or relocation</b>  |  |        |          |   |
| 200 amps or less  |  | 91.72  |          | 2 |
| 201 amps to 400 amps  |  | 127.41 |          | 2 |
| 401 amps to 600 amps  |  | 184.11 |          | 2 |
| 601 amps to 1,000 amps  |  | 225.29 |          | 2 |
| <b>Branch circuits - new, alteration, or extension, per panel</b>                 |  |        |          |   |
| A. Fee for branch circuits with above service or feeder fee, each branch circuit  |  | 4.26   |          | 2 |
| B. Fee for branch circuits without service or feeder fee, first branch circuit    |  | 81.14  |          | 2 |
| Each add'l branch circuit   |  | 4.26   |          |   |
| <b>Miscellaneous (service or feeder not included)</b>                             |  |        |          |   |
| Each manufactured or modular dwelling, service, and/or feeder                     |  | 91.72  |          | 2 |
| Pump or irrigation circle   |  | 91.72  |          | 2 |
| Sign or outline lighting  |  | 91.72  |          | 2 |
| Signal circuit(s) or limited-energy panel, alteration, or extension. Describe:    | 2  | 91.72  | 183.44   | 2 |
| <b>Each additional inspection over allowable in any of the above</b>              |  |        |          |   |
| Per inspection  |  | 81.14  |          |   |
| Investigation fee   |  |        |          |   |
| Other:  |  |        |          |   |
| Electrical permit fees  |  |        |          |   |
| SUBTOTAL  |  |        | 183.44   |   |
| Plan review (25% of permit fee)   |  |        |          |   |
| State surcharge (12% of permit fee)   |  |        | 22.01    |   |
| TOTAL PERMIT FEE  |  |        | \$205.45 |   |

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete  
 \* Number of inspections allowed per permit.  
 Form B70-1002 REV 10/17



### Electrical Permit Application

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: 7/20/2020 | Permit No.: 152020-2527 |
| Date Issued: [Signature] | Payment Type:           |

| TYPE OF WORK  |   |
|---|---|
| <input type="checkbox"/> New construction   | <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"/> Multi-family   | <input type="checkbox"/> Accessory building                         |
| <input type="checkbox"/> Master builder <input type="checkbox"/> Other:   |   |
| JOB SITE INFORMATION AND LOCATION   |   |
| Job no.:  | Job address: 11000 SW Stratus Street                                |
| City/State/ZIP: Beaverton / Oregon / 97008  |   |
| Suite/bldg./apt. no.:   | Project name: Creekside 4   |
| Cross street/directions to job site:  |   |
| Subdivision:  | Lot no.:  |
| Tax map/parcel no.:   |   |
| DESCRIPTION OF WORK   |   |
| Low volt for new hvac units   |   |
| <input checked="" type="checkbox"/> PROPERTY OWNER  | <input type="checkbox"/> TENANT                                     |
| Name: Meriwether Properties   |   |
| Address: 1136 Hoyt Street - Ste. 220  |   |
| City/State/ZIP: Portland / Oregon / 97209   |   |
| Phone: (503) 719-5715   | Fax:  |
| E-mail:   |   |
| Owner Installation: This installation is being made on property that I own, which is not intended for sale, lease, rent, or exchange. |   |
| Owner signature: _____ Date: _____  |   |
| <input checked="" type="checkbox"/> APPLICANT   | <input type="checkbox"/> CONTACT PERSON                             |
| Business name: Oregon-Aire Inc.   |   |
| Contact name: Ian McDonald  |   |
| Address: 7715 NE 33rd Drive - Ste. A  |   |
| City/State/ZIP: Portland / Oregon / 97211   |   |
| Phone: (503) 335-2222   | Fax:  |
| E-mail: permits@oregon-aire.com   |   |
| CONTRACTOR  |   |
| Business name: Oregon-Aire Inc.   |   |
| Address: 7715 NE 33rd Drive - Ste. A  |   |
| City/State/ZIP: Portland / Oregon / 97211   |   |
| Phone: (503) 335-2222   | Fax:  |
| E-mail: permits@oregon-aire.com   | CCB lic. no.: 64235   |
| Electrical lic. no.: 262 LEB  | City or metro lic.:   |
| Supervising electrician signature, required: <i>Jerry Arnold</i>  |   |
| Print name: Jerry Arnold  | Date:   |
| Authorized signature: <i>Ian McDonald</i>   |   |
| Print name: Ian McDonald  | Date:   |

| PLAN REVIEW  |      |   |        |                 |
|--|------|---|--------|-----------------|
| Please check all that apply:   |      | <input type="checkbox"/> Service or feeder over 600 amps<br><input type="checkbox"/> Building over three stories<br><input type="checkbox"/> Marinas and boatyards<br><input type="checkbox"/> Floating buildings<br><input type="checkbox"/> Commercial-use agricultural buildings<br><input type="checkbox"/> Installation of 150 KVA or larger separately derived system<br><input type="checkbox"/> "A," "E," "I-2," "I-3" occupancy<br><input type="checkbox"/> Recreational vehicle parks |        |                 |
| <input type="checkbox"/> Service or feeder 400amps or more<br><input type="checkbox"/> Fire pump<br><input type="checkbox"/> Emergency system<br><input type="checkbox"/> Addition of new motor load of 100HP or more<br><input type="checkbox"/> Six or more residential units<br><input type="checkbox"/> Health-care facilities<br><input type="checkbox"/> Hazardous locations |      |   |        |                 |
| FEE SCHEDULE   |      |   |        |                 |
| Description  | Qty. | Fee   | Total  | *               |
| <b>Residential single- or multi-family dwelling unit includes attached garage</b>  |      |   |        |                 |
| 1,000 sq. ft. or less  |      | 194.64  |        | 4               |
| Ea. add'l 500 sq. ft. or portion   |      | 34.77   |        |                 |
| Limited energy, residential (with above sq. ft.)   |      | 46.42   |        | 2               |
| Limited energy, multi-family residential (with above sq. ft.)  |      | 91.72   |        | 2               |
| <b>Services or feeders installation, alteration, and/or relocation</b>   |      |   |        |                 |
| 200 amps or less   |      | 115.83  |        | 2               |
| 201 amps to 400 amps   |      | 137.89  |        | 2               |
| 401 amps to 600 amps   |      | 229.34  |        | 2               |
| 601 amps to 1,000 amps   |      | 299.93  |        | 2               |
| Over 1,000 amps or volts   |      | 690.22  |        | 2               |
| Utility reconnect  |      | 91.72   |        | 1               |
| <b>Temporary services or feeders installation, alteration, and/or relocation</b>   |      |   |        |                 |
| 200 amps or less   |      | 91.72   |        | 2               |
| 201 amps to 400 amps   |      | 127.41  |        | 2               |
| 401 amps to 600 amps   |      | 184.11  |        | 2               |
| 601 amps to 1,000 amps   |      | 225.29  |        | 2               |
| <b>Branch circuits - new, alteration, or extension, per panel</b>  |      |   |        |                 |
| A. Fee for branch circuits with above service or feeder fee, each branch circuit   |      | 4.26  |        | 2               |
| B. Fee for branch circuits without service or feeder fee, first branch circuit   |      | 81.14   |        | 2               |
| Each add'l branch circuit  |      | 4.26  |        |                 |
| <b>Miscellaneous (service or feeder not included)</b>  |      |   |        |                 |
| Each manufactured or modular dwelling, service, and/or feeder  |      | 91.72   |        | 2               |
| Pump or irrigation circle  |      | 91.72   |        | 2               |
| Sign or outline lighting   |      | 91.72   |        | 2               |
| Signal circuit(s) or limited-energy panel, alteration, or extension. Describe:   | 3    | 91.72   | 275.16 | 2               |
| <b>Each additional inspection over allowable in any of the above</b>   |      |   |        |                 |
| Per inspection   |      | 81.14   |        |                 |
| Investigation fee  |      |   |        |                 |
| Other:   |      |   |        |                 |
| Electrical permit fees   |      |   |        |                 |
| <b>SUBTOTAL</b>  |      |   |        | <b>275.16</b>   |
| Plan review (25% of permit fee)  |      |   |        |                 |
| State surcharge (12% of permit fee)  |      |   |        | <b>33.02</b>    |
| <b>TOTAL PERMIT FEE</b>  |      |   |        | <b>\$308.18</b> |

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete.  
 \* Number of inspections allowed per permit.  
 Form B70-1002 REV 10/17



**City Of Beaverton**  
 12725 SW Millikan Way  
 Beaverton, OR 97076  
 Phone: 503-526-2542  
 Email: cunderwood@beavertonoregon.gov

**Commercial Electrical Authorization To Begin Work**

**05350-BEL-20-00507**

Approval Code: 110263 7/20/2020 9:36 am

E-mailed To: kieran@ohmsys.com

B2020.2577

| TYPE OF WORK   |   |
|--|---|
| <input type="checkbox"/> New Construction                                    | <input checked="" type="checkbox"/> Addition/alteration/replacement   |
| CATEGORY OF CONSTRUCTION   |   |
| <input type="checkbox"/> 1 or 2 family dwelling                              | <input checked="" type="checkbox"/> Multi-family <input type="checkbox"/> Commercial <input type="checkbox"/> Accessory |
| JOB SITE INFORMATION AND LOCATION  |   |
| Job Address: 12725 SW MILLIKAN WAY   |   |
| City/State/ZIP: BEAVERTON, OR 97005  |   |
| Suite/bldg./apt.no.: 100   |   |
| Project Name: South Cooper Mountain  |   |
| Cross Street/directions to job site: SW 175th & SW Scholls Ferry RD          |   |
| Tax map/parcel no.: 1S116AA08700   |   |
| DESCRIPTION OF WORK  |   |
| 12635 Southwest 172nd Terrace, Beaverton, OR, USA<br>Low Voltage Audio Video |   |
| APPLICANT  |   |
| Name: Kieran Morgan  |   |
| Phone: 5039859445  | Fax: 5032580382   |
| Email:   |   |
| CONTRACTOR   |   |
| Elec lic. no.: CLE6  | CCB lic. no.: 166819  |
| Business Name: OHM SYSTEMS LLC   |   |
| Contact:   |   |
| Address: PO BOX 86833  |   |
| City/State/ZIP: PORTLAND, OR 972860833                                       |   |
| Phone: 5034845700  | Fax:  |
| Email: CHAD@OHMSYS.COM   |   |
| Metro lic. no.:  | City lic. no.:  |
| Supervising Electrician's lic. no.:  |   |
| Supervising Electrician's Name:  |   |
| Number of inspections included in paid services:                             |   |
| Residential Service:   | 4   |
| Reconnect Only:  | 1   |
| All Other Services:  | 2   |

| PLAN REVIEW   |   |   |  |
|---|---|---|--|
| <b>Please check all that apply:</b>   |   | <input type="checkbox"/> Hazardous locations  |  |
| <input type="checkbox"/> A service or feeder beginning at 400 Amps where the available fault current exceeds 10,000 Amps at 150 Volts or less to ground exceeds 14,000 Amps for all other | <input type="checkbox"/> A service or feeder rated at 600 amps or more  | <input type="checkbox"/> Buildings more than three stor                             | <input type="checkbox"/> Marinas and boat yards                                |
| <input type="checkbox"/> Fire pumps   | <input type="checkbox"/> Emergency systems                              | <input type="checkbox"/> Floating buildings   | <input type="checkbox"/> Commercial-use agricultural buildings                 |
| <input type="checkbox"/> Addition of a new motor load of 100 HP or more   | <input type="checkbox"/> Six or more residential units in one structure | <input type="checkbox"/> Installation of a 150 KVA or larger separately derived sys | <input type="checkbox"/> "A", "E", or "I-2" or "I-3"                           |
| <input type="checkbox"/> Health care facilities   |   | <input type="checkbox"/> Recreational Vehicle Parks                                 | <input type="checkbox"/> Supply voltage for more than 600 supply volts nominal |
| FEE SCHEDULE  |   |   |  |
| Description   | Qty.  | Ea.   | Total  |
| <b>Limited Energy</b>   |   |   |  |
| Stand-alone limited energy, multi-family  | 1   | \$91.72   | \$91.72  |
| <b>Electrical Permit Fees</b>   |   |   |  |
| Subtotal  |   |   | \$91.72  |
| State surcharge (12% of permit total)   |   |   | \$11.01  |
| <b>TOTAL PERMIT FEE</b>   |   |   | <b>\$102.73</b>  |

Upon review and approval by your local jurisdiction, your permit will be e-mailed or faxed within one business day, with instructions on how to schedule your inspection.

NOTE: This Authorization To Begin Work expires within 180 days if a permit is not obtained.

The local building department may determine that an Authorization To Begin Work is null and void if it does not meet applicable land use laws and local ordinances.

**This Authorization to Begin Work is not a permit, to schedule inspections you need a permit from City Of Beaverton**  
 Inspections Phone: 503-526-2400 Inspections Email: cunderwood@beavertonoregon.gov  
 This Authorization To Begin Work must be posted at the job site until replaced by a Permit