



Building Permit Application

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

OFFICE USE ONLY	
Date Received: 9-30-2020	Permit No.: B202-3477
Date Issued:	By:
	Payment Type:

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 8700 SW Nimbus Ave	
City/State/ZIP: Beaverton, OR 97008	
Suite/bldg./apt. no.: B	Project name: TTI
Cross street/directions to job site: SW Nimbus Ave and SW Marriott	
Subdivision:	Lot no.:
Tax map/parcel no.: 1S127AD00400	
DESCRIPTION OF WORK	
add (1) and relocate (2) heads to accommodate new tenant remodel	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: JLL	
Address: 15455 NW Greenbrier Pkwy, suite 245	
City/State/ZIP: Beaverton, OR 97006	
Phone: (503) 614-6914	Fax:
E-mail: Christina.Bamford@am.jll.com	
<input type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Patriot Fire Protection	
Contact name: Joseph Plattner	
Address: 4708 NE Minnehaha Street	
City/State/ZIP: Vancouver, WA 98661	
Phone: (360) 409-3860	Fax:
E-mail: joseph.plattner@patriotfire.com	
CONTRACTOR	
Business name: same as applicant	
Address:	
City/State/ZIP:	
Phone:	Fax:
CCB lic.:	

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

Authorized signature:

Print name:	Date:
Joseph Plattner	09/30/20

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

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

REV 11/19



Building Permit Application

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

OFFICE USE ONLY	
Date Received: 9-4-2020	Permit No.: B2020-3206
Date Issued: 9-30-2020	By: HK
	Payment Type: VISA

TYPE OF WORK	
<input checked="" type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/industrial
<input checked="" type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 1417 NW 176th Pl.	
City/State/ZIP: Beaverton, OR 97006	
Suite/bldg./apt. no.:	Project name: Beecher Carport
Cross street/directions to job site: Autumn Ridge Drive. House is on the northwest corner.	
Subdivision: Autumn Ridge No. 2	Lot no.: 134
Tax map/parcel no.: 1N131BD-10000	
DESCRIPTION OF WORK	
Building of a metal carport (30'L x 13'W x 12'H) on an existing concrete pad in our residence's backyard for an RV.	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Andrew C Beecher	
Address: 1417 NW 176th Pl	
City/State/ZIP: Beaverton, OR 97006	
Phone: (503) 593-2693	Fax:
E-mail: acbeech@gmail.com	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name:	
Contact name: Andrew C Beecher	
Address: 1417 NW 176th Pl	
City/State/ZIP: Beaverton, OR 97006	
Phone: (503) 593-2693	Fax:
E-mail: acbeech@gmail.com	
CONTRACTOR	
Business name: Itiel's Carports & Metal Buildings LLC	
Address: PO Box 1139	
City/State/ZIP: Woodburn, OR 97071	
Phone: (503) 984-2415	Fax:
CCB lic.: 216268	

Authorized signature:	Date:
Print name: Andrew C Beecher	09/03/20

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	4200.00
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	\$115.32
Amount received	
Date received:	

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

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

Building Permit Application REV 20-405



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

TIX

OFFICE USE ONLY	
Date Received: 09/24/2020	Permit No.: B2020-3378
Date Issued: 9-28-20	By: HK
CITY OF BEAVERTON BUILDING DIVISION	
Payment Type: MC	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input checked="" type="checkbox"/> Other: Solar PV System
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 16917 Southwest Cashew Way, Beaverton, Oregon, 97006, USA	
City/State/ZIP:	
Suite/bldg./apt. no.:	Project name:
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.: 1S106AD21200	
DESCRIPTION OF WORK	
Residential Rooftop Solar PV System 3.78 kW	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Sadek Abdelrahman	
Address: 16917 Southwest Cashew Way, Beaverton, Oregon, 97006, USA	
City/State/ZIP:	
Phone: 15034815595	Fax:
E-mail: Sadek777@juno.com	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Blue Raven Solar LLC	
Contact name: Grayson Beck	
Address: 1403 North Research Way	
City/State/ZIP: Orem, UT 84097	
Phone: 385-482-0045	Fax:
E-mail: permitting.department@blueravensolar.com	
CONTRACTOR	
Business name: Blue Raven Solar LLC	
Address: 1403 North Research Way	
City/State/ZIP: Orem, UT 84097	
Phone: 385-482-0045	Fax:
CCB lic.: 210112	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation:	\$4,682.50
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
CITY OF BEAVERTON APPROVED PLANS	
PERMIT # <u>B2020-3378</u>	
APPROVED BY <u>LA</u>	
9/24/2020	
BUILDING PERMIT FEES*	
Please refer to fee schedule.	
Fees due upon application	
Amount received	
Date received:	

Authorized signature: <i>Jeff Lee</i>	Date:
Print name: Jeff Lee	09/24/2020

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

Building Permit Application



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

OFFICE USE ONLY	
Date Received: 09/28/2020	Permit No.: B2020-3438
Date Issued: 9-28-20	By: HK
CITY OF BEAVERTON BUILDING DIVISION	
Payment Type: MC	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input checked="" type="checkbox"/> Other: Solar PV System
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 2900 Southwest West Point Avenue, Portland, Oregon, 97225, United States	
City/State/ZIP:	
Suite/bldg./apt. no.:	Project name:
Cross street/directions to job site:	
Subdivision:	Lot no.: 1S112BD02711
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Residential Rooftop Solar PV System 3.78 kW	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Frank Herbert	
Address: 2900 Southwest West Point Avenue, Portland, Oregon, 97225, Unit	
City/State/ZIP:	
Phone: 562-293-5814	Fax:
E-mail: kj6jck@gmail.com	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Blue Raven Solar LLC	
Contact name: Ben Curth	
Address: 1403 North Research Way	
City/State/ZIP: Orem, UT 84097	
Phone: 385-482-0045	Fax:
E-mail: permitting.department@blueravensolar.com	
CONTRACTOR	
Business name: Blue Raven Solar LLC	
Address: 1403 North Research Way	
City/State/ZIP: Orem, UT 84097	
Phone: 385-482-0045	Fax:
CCB No.: 210112 227185	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$11,436
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
CITY OF BEAVERTON APPROVED PLANS PERMIT # B2020-3438 APPROVED BY LA 9/28/2020	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	
Amount received	
Date received:	

Authorized signature: <i>Jeff Lee</i>	Date:
Print name: Jeff Lee	09/28/2020

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

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

Form B70-1001 REV 2/14



Building Permit Application

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

RECEIVED

OFFICE USE ONLY	
Date Received: 09/25/2020	Permit No.: B2020-3428
Date Issued: 9-28-20	By: HK
CITY OF BEAVERTON BUILDING DIVISION	
Payment Type: VISA	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 11773 SW Beaverton Hillsdale Hwy.	
City/State/ZIP: BEAVERTON, OR. 97005	
Suite/bldg./apt. no.:	Project name: Rockler Woodworking TI
Cross street/directions to job site: West of Hwy. 217 North of SW Beaverton Hillsdale Hwy. Next to TraderJoe's	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Addition of one Horizontal Sidewall Sprinkler under newly installed garage door from existing overhead system per NFPA 13 requirements.	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Scott Mannstedt	
Address: 8780 Valley Forge Ln. N	
City/State/ZIP: Maple Grove, MN. 55369	
Phone: (612) 366-2448	Fax:
E-mail: smannstedt@vsi360.com	
<input type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: Basic Fire Protection	
Contact name: Lonnie Larsen	
Address: 8135 NE MLK Jr. Blvd.	
City/State/ZIP: Portland, OR. 97211	
Phone: (503) 285-1855	Fax: (503) 285-0713
E-mail: lonnielarsen@basicfire.com	
CONTRACTOR	
Business name: Basic Fire Protection	
Address: 8135 NE MLK Jr. Blvd.	
City/State/ZIP: Portland, OR. 97211	
Phone: (503) 285-1855	Fax: (503) 285-0713
CCB lic.: 48641	

Authorized signature:	Date: 9/29/2020
Print name: Lonnie Larsen	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	500.00
Existing building area:	7850 square feet
New building area:	7850 square feet
Number of stories:	1
Type of construction:	Commercial (Open web joist)
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	
Amount received	
Date received:	

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

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



Building Permit Application

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

RECEIVED

OFFICE USE ONLY	
Date Received: 09/25/2020	Permit No.: B2020-3418
Date Issued: 9-25-2020	By: HK
CITY OF BEAVERTON BUILDING DIVISION	
Payment Type: VISA	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 9555 SW Barnes Road (Peterkort Centre I)	
City/State/ZIP: Portland, OR 97225	
Suite/bldg./apt. no.: Suite 150	Project name: NW Rheumatology
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Install fire alarm devices in suite 150 per plans.	
<input type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Peterkort Properties	
Address: 9755 SW Barnes Road Suite 620	
City/State/ZIP: Portland, OR 97225	
Phone: (503) 546-5632	Fax:
E-mail:	
<input type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name:	
Contact name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
CONTRACTOR	
Business name: Capitol Electric Company, Inc.	
Address: 11401 NE Marx Street	
City/State/ZIP: Portland, OR 97220	
Phone: (503) 255-9488	Fax: (503) 255-1966
CCB lic.: 48748	
Authorized signature: <i>Shane Tercek</i>	Date:
Print name: Shane Tercek NICET Level III, Fire Alarms	Date: 09/24/20

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$900
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	
Amount received	CITY OF BEAVERTON
Date received:	APPROVED PLANS
PERMIT # B2020-3418	

This permit application expires if a permit is not obtained within 180 days after it is received as complete. 9/25/2020

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



Building Permit Application

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

OFFICE USE ONLY	
Date Received: 02/07/2020	Permit No B2020-0487
Date Issued: 9-25-2020	By: HK
CITY OF BEAVERTON BUILDING DIVISION	
Payment Type: VISA	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 1245 SW WYV WORTH LN	
City/State/ZIP: BEAVERTON OR 97008	
Suite/bldg./apt. no.:	Project name:
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
BUILD WALL FOR NEW BATHROOM IN LAUNDRY / STORAGE AREA 6'2" X 10'4" TOTAL	
<input type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: AFFINITY PROPERTY MANAGEMENT	
Address: 1503 SW 116th AVE	
City/State/ZIP: PORTLAND OR 97201	
Phone: 503 892-0009	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: CREATIVE CONTRACTING INC	
Contact name: COREY WAPNIAKSKI	
Address: 28027 SE HWY 224	
City/State/ZIP: BOREAS OR 97009	
Phone: 503 407 1447	Fax:
E-mail: CREATIVE INC WAP@GMAIL.COM	
CONTRACTOR	
Business name: CREATIVE CONTRACTING INC	
Address: 28027 SE HWY 224	
City/State/ZIP: BOREAS OR 97009	
Phone: 503 407 1447	Fax:
CCB No.: 148503	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	5,000
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	189.45
Amount received	
Date received:	

Authorized signature:

Print name: COREY WAPNIAKSKI Date:

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

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

Building Permit Application

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



OFFICE USE ONLY	
Date Received: 09/18/2020	Permit No.: B2020-3341
Date Issued: 9-25-2020	By: HK
CITY OF BEAVERTON BUILDING DIVISION	
Payment Type: VISA	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 8354 & 8360 SW Nimbus Avenue	
City/State/ZIP: Beaverton, OR 97008-6444	
Suite/bldg./apt. no.:	Project name:
Cross street/directions to job site: SW Hall Blvd.	
Subdivision:	Lot no.: 00500
Tax map/parcel no.: 1S127AA	
DESCRIPTION OF WORK	
This project involves selective demolition and limited new improvements to modify previously occupied tenant space to accommodate a future tenant not yet identified.	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Harsch Investment Properties	
Address: 8275 SW Cirrus Drive	
City/State/ZIP: Beaverton, OR 97008-5997	
Phone: (503) 450-0831	Fax:
E-mail: EmilyM@Harsch.com	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Robert Simpson Architect, PC	
Contact name: Robert C. Simpson	
Address: 6121 NE Rosebay Drive	
City/State/ZIP: Hillsboro, OR 97124-5046	
Phone: (503) 709-9653	Fax:
E-mail: R.C.Simpson@iCloud.com	
CONTRACTOR	
Business name: Pacific Crest Structures	
Address: 17750 SW Upper Boones Ferry Road, Suite 190	
City/State/ZIP: Durham, OR 97224-7086	
Phone: (503) 968-8949	Fax:
CCB lic.: 66915	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$64,450.00
Existing building area:	19,521 square feet
New building area:	0 square feet
Number of stories:	1
Type of construction:	3-B
Occupancy groups:	
Existing:	B/S-1
New:	B/S-1
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	\$1,065.52
Amount received	
Date received:	

Authorized signature:

Print name: Robert C. Simpson	Date: 17 September, 2020
-------------------------------	--------------------------

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



Building Permit Application

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

OFFICE USE ONLY	
Date Received: 08/25/2020	Permit No.: B2020-3085
Date Issued: 9-25-2020	By: HK
	Payment Type: VISA

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other: Art Installation to Creekside Garage
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 12695 SW Crescent Street	
City/State/ZIP: Beaverton, Oregon 97005	
Suite/bldg./apt. no.:	Project name: Creekside Garage
Cross street/directions to job site: SW Rose Biggi Ave and SW Crescent St	
Subdivision:	Lot no.:
Tax map/parcel no.: 1S109DD03300	
DESCRIPTION OF WORK	
Public Art installation on the north wall of the Creekside Garage (images of butterflies and door). Butterflies: Material includes 1/8 inch aluminum skin onto 1 1/2 inch aluminum square tube backer frame onto concrete wall. Install to concrete wall with 3 inch aluminum square tube and 1/2 inch aluminum mounting plates using concrete expansion bolts. Door: 4 inch aluminum angle frame with 1/8 inch	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: City of Beaverton, Beth Tobey	
Address: PO Box 4755	
City/State/ZIP: Beaverton, OR 97076	
Phone: 503-526-2299	Fax:
E-mail: btobey@beavertonoregon.gov	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: William Schlough	
Contact name: Will Schlough	
Address: 405 N 115th St.	
City/State/ZIP: Seattle, WA 98133	
Phone: 603-686-6175	Fax:
E-mail: willschlough@gmail.com	
CONTRACTOR	
Business name: Ramsay Signs, Charles Marquardt	
Address: 9160 SE 74th Ave	
City/State/ZIP: Portland, OR 97206	
Phone: 503.777.4555	Fax:
CCB lic.: 63422	

Authorized signature:	Date:
Print name: Beth Tobey	08/25/20

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

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

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



Building Permit Application

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

OFFICE USE ONLY	
Date Received: 7-9-2020	Permit No.: B2020-2387
Date Issued: 9-24-20	By: HK
Payment Type: VISA	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input checked="" type="checkbox"/> Other: Warehouse Storage Racking
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 6600 SW 11th Ave	
City/State/ZIP: Beaverton/OR/97008	
Suite/bldg./apt. no.:	Project name: BEOR Racking
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Installation of warehouse Storage Racking	
<input type="checkbox"/> PROPERTY OWNER	<input checked="" type="checkbox"/> TENANT
Name: Graybar Electric	
Address: 6600 SW 11th Ave	
City/State/ZIP: Beaverton/OR/97008	
Phone: (314) 573-9405	Fax:
E-mail: John Quinn <John.Quinn@graybar.com>	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Abbott Construction	
Contact name: Matt Lynch	
Address: 3408 1st Avenue South	
City/State/ZIP: Seattle/WA/98134	
Phone: (503) 602-3068	Fax:
E-mail: mlynch@abbottconstruction.com	
CONTRACTOR	
Business name: Abbott Construction	
Address: 3408 1st Avenue South	
City/State/ZIP: Seattle/WA/98134	
Phone: (206) 467-8500	Fax:
CCB lic.: 54656	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	25,000
Existing building area:	47854 square feet
New building area:	47854 square feet
Number of stories:	1
Type of construction:	Storage Racking
Occupancy groups:	S-1 Warehouse
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	\$574.24
Amount received	
Date received:	

Authorized signature:

Print name:	Date:
Matt Lynch	07/08/20

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

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

Building Permit Application



Community Development Department
 Building Division
 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: 08/28/2020	Permit No.: B2020-3126
Date Issued: 9-24-2020	By: HK
CITY OF BEAVERTON	
BUILDING DIVISION	
Payment Type: VISA	

TYPE OF WORK	
<input checked="" type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 3807 SW Orbit Street	
City/State/ZIP: BEAVERTON, OR 97007	
Suite/bldg./apt. no.: 9	Project name: WED (West End District)
Cross street/directions to job site: Tualatin Valley Highway and SW Murray	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
NFPA 13 New fire sprinkler system for a newly-constructed multi-use building .	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Taylor Morrison	
Address: 703 Broadway Street Suite 510	
City/State/ZIP: Vancouver, WA 98660	
Phone: (360) 695-7700	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Triad Fire Protection	
Contact name: Todd Sexton	
Address: 1927 NE Rodney Ave	
City/State/ZIP: Portland, OR 97212	
Phone: (503) 856-6333	Fax:
E-mail: permits@triad-fire.com	
CONTRACTOR	
Business name: Triad Fire Protection	
Address: 1927 NE Rodney Ave	
City/State/ZIP: Portland, OR 97212	
Phone: (503) 856-6333	Fax:
CCB lic.: 199988	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	70,224.00
Existing building area:	square feet
New building area:	square feet 47,308
Number of stories:	4
Type of construction:	New
Occupancy groups:	
Existing:	0%
New:	100%
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
<i>Please refer to fee schedule</i>	
Fees due upon application	\$439.30
Amount received	
Date received:	

Authorized signature:	Date:
Print name: Allana Corrigan	08/26/20

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

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



Building Permit Application

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

OFFICE USE ONLY	
Date Received: 08/19/2020	Permit No.: B2020-3010
Date Issued: 9-24-2020	By: HK
CITY OF BEAVERTON BUILDING DIVISION	
Payment Type: VISA	

TYPE OF WORK	
<input checked="" type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 11375 SW CENTER ST.	
City/State/ZIP: BEAVERTON, OR, 97005	
Suite/bldg./apt. no.:	Project name: ARTS + COMMUNICATION
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
"HOOK-UP ANSUL FIRE SYSTEM" TO PRE-PIPED GAYLORD KITCHEN HOOD	
<input type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name:	
Contact name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail: EricC@nationalfirefighter.com	
CONTRACTOR	
Business name: NATIONAL FIRE FIGHTER Corp.	
Address: 6330 SE 101 ST AVE.	
City/State/ZIP: PORTLAND, OR, 97266	
Phone: 503 708 6808	Fax: 503 232 7198
CCB Lic.: 190543	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	3,750.00
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	
Amount received	
Date received:	

Authorized signature: <i>J. Eric Canutt</i>	Date: 8/17/20
Print name: J. ERIC CANUTT	

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

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

Form B70-1001 REV 11/19



Building Permit Application

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

RECEIVED

OFFICE USE ONLY	
Date Received: 09/02/2020	Permit No.: B2020-3175
Date Issued: 9/24/2020	BY: [Signature]
CITY OF BEAVERTON BUILDING DIVISION	
Payment Type:	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 4870 SW Chestnut Place	
City/State/ZIP: Beaverton OR	
Suite/bldg./apt. no.:	Project name:
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Addition to home	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Peter Delmar	
Address: 4870 SW Chestnut Place	
City/State/ZIP: Beaverton OR	
Phone:	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: David Green Construction	
Contact name: David	
Address: 429 SW Maple St	
City/State/ZIP: Hillsboro OR	
Phone: (503) 201-5838	Fax:
E-mail: dgreen.dgc@gmail.com	
CONTRACTOR	
Business name:	
Address: Same as above	
City/State/ZIP:	
Phone:	Fax:
CCB lic.: CCB 158278	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment materials, labor, overhead, and the profit for the work indicated or this application.	
Valuation	130K
Number of bedrooms:	4
Number of bathrooms:	1
Total number of floors:	2
New dwelling area:	square feet 1150
Garage/carport area:	square feet
Covered porch area:	square feet 105
Deck area:	square feet 105
Other structure area:	square feet

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

NOTICE

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

BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	\$990.88
Amount received	
Date received:	

Authorized signature: [Signature]	Date:
Print name: David Green	08/31/20

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

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

Form B70-1001 REV 11/



Building Permit Application

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

OFFICE USE ONLY	
Date Received: 09/09/2020	Permit No. B2020-3251
Date Issued: 9-23-2020	By: HK
CITY OF BEAVERTON BUILDING DIVISION	
Payment Type: VISA	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 2930 SW West Point Ave	
City/State/ZIP: Beaverton, OR. 97225	
Suite/bldg./apt. no.:	Project name: Lindquist
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Master suite addition bump out at rear of house.	
<input type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
<input type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: Cooper Design Build	
Contact name: Wes Haas	
Address: 720 NE Flanders St #200	
City/State/ZIP: Portland, OR 97232	
Phone: (503) 740-3344	Fax:
E-mail: wesh@cooperdesignbuild.com	
CONTRACTOR	
Business name: Cooper Design Build	
Address: 720 NE Flanders St #200	
City/State/ZIP: Portland, OR 97232	
Phone: (503) 282-0545	Fax:
CCB lic.: 77239	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$92,000
Number of bedrooms:	5
Number of bathrooms:	5
Total number of floors:	2 (split level ranch)
New dwelling area:	757 square feet
Garage/carport area:	472 (ex) square feet
Covered porch area:	square feet
Deck area:	315 (ex) square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	\$625.06
Amount received	
Date received:	

Authorized signature:	Date:
Wes Haas	09/08/20

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

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

Form B70-1001 REV 11/19



Building Permit Application

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

RECEIVED

OFFICE USE ONLY	
Date Received: 09/08/2020	Permit No.: B2020-3714
Date Issued:	By:
CITY OF BEAVERTON BUILDING DIVISION Payment Type:	

TYPE OF WORK	
<input checked="" type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 17004 SW Albatross Lane	
City/State/ZIP: Beaverton Oregon	
Suite/bldg./apt. no.:	Project name: South Cooper Mtn Hts
Cross street/directions to job site:	
Subdivision: South Cooper Mountain Hts	Lot no.: 8
Tax map/parcel no.:	
DESCRIPTION OF WORK	
New SFR	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Everett Custom Homes	
Address: 3330 NW Yeon Ave, Suite 100	
City/State/ZIP: Portland, OR 97210	
Phone: (503) 726-7060	Fax:
E-mail: permits@everetthomesnw.com	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Everett Custom Homes	
Contact name: Denise Stringer	
Address: 3330 NW Yeon Ave, Suite 100	
City/State/ZIP: Portland, OR 97210	
Phone: (503) 726-7060	Fax:
E-mail: permits@everetthomesnw.com	
CONTRACTOR	
Business name: Everett Custom Homes	
Address: 3330 NW Yeon Ave, Suite 100	
City/State/ZIP: Portland, OR 97210	
Phone: (503) 726-7060	Fax:
CCB lic.: 189447	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$222,228.05
Number of bedrooms:	3
Number of bathrooms:	2.5
Total number of floors:	3
New dwelling area:	1795 square feet
Garage/carport area:	608 square feet
Covered porch area:	36 square feet
Deck area:	108 square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES	
Please refer to fee schedule	
Fees due upon application	
Amount received	
Date received:	

Authorized signature:	Date:
Print name:	09/08/20

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

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

Building Permit Application

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



OFFICE USE ONLY	
Date Received: 09/08/2020	Permit No B2018-3713
Date Issued:	By:
CITY OF BEAVERTON BUILDING DIVISION	
Payment Type:	

TYPE OF WORK	
<input checked="" type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master bullder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 17010 SW Albatross Ln	
City/State/ZIP: Beaverton Oregon	
Suite/bldg./apl. no.:	Project name: South Cooper Mtn Hts
Cross street/directions to job site:	
Subdivision: South Cooper Mountain Hts	Lot no.: 7
Tax map/parcel no.:	
DESCRIPTION OF WORK	
New SFR	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Everett Custom Homes	
Address: 3330 NW Yeon Ave, Suite 100	
City/State/ZIP: Portland, OR 97210	
Phone: (503) 726-7060	Fax:
E-mail: permits@everetthomesnw.com	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Everett Custom Homes	
Contact name: Denise Stringer	
Address: 3330 NW Yeon Ave, Suite 100	
City/State/ZIP: Portland, OR 97210	
Phone: (503) 726-7060	Fax:
E-mail: permits@everetthomesnw.com	
CONTRACTOR	
Business name: Everett Custom Homes	
Address: 3330 NW Yeon Ave, Suite 100	
City/State/ZIP: Portland, OR 97210	
Phone: (503) 726-7060	Fax:
CCB Ilic.: 189447	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$220,665.92
Number of bedrooms:	2
Number of bathrooms:	2.5
Total number of floors:	3
New dwelling area:	1570 square feet
Garage/carport area:	475 square feet
Covered porch area:	36 square feet
Deck area:	96 square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	
Amount received	
Date received:	

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

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

Authorized signature:	Date:
Print name:	09/02/20



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

RECEIVED

OFFICE USE ONLY	
Date Received: 09/08/2020	Permit No.: B2018-3711
Date Issued: 09/24/2020	By: [Signature]
CITY OF BEAVERTON BUILDING DIVISION	
Payment Type:	

TYPE OF WORK	
<input checked="" type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 17100 SW Albatross Lane	
City/State/ZIP: Beaverton Oregon	
Suite/bldg./apl. no.:	Project name: South Cooper Mtn Hts
Cross street/directions to job site:	
Subdivision: South Cooper Mountain Hts	Lot no.: 5
Tax map/parcel no.:	
DESCRIPTION OF WORK	
New SFR	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Everett Custom Homes	
Address: 3330 NW Yeon Ave, Suite 100	
City/State/ZIP: Portland, OR 97210	
Phone: (503) 726-7060	Fax:
E-mail: permits@everetthomesnw.com	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Everett Custom Homes	
Contact name: Denise Stringer	
Address: 3330 NW Yeon Ave, Suite 100	
City/State/ZIP: Portland, OR 97210	
Phone: (503) 726-7060	Fax:
E-mail: permits@everetthomesnw.com	
CONTRACTOR	
Business name: Everett Custom Homes	
Address: 3330 NW Yeon Ave, Suite 100	
City/State/ZIP: Portland, OR 97210	
Phone: (503) 726-7060	Fax:
CCB lic.: 189447	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$221,277
Number of bedrooms:	3
Number of bathrooms:	2.5
Total number of floors:	3
New dwelling area:	1795 square feet
Garage/carport area:	608 square feet
Covered porch area:	36 square feet
Deck area:	108 square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	
Amount received	
Date received:	

Authorized signature:

Print name: Denise Stringer	Date: 09/02/20
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This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete



Building Permit Application

Community Development Department, Building Division
 City of Beaverton
 12725 SW Millikan Way / PO Box 4755
 Beaverton, OR 97076
 Phone: (503) 626-2403; Fax: (503) 626-2550
 www.BeavertonOregon.gov/blb

OFFICE USE ONLY	
Date Received: 09/08/2020	Permit No.: B2018-3712
Date Issued: 09/08/2020	By: [Signature]
CITY OF BEAVERTON BUILDING DIVISION	
Payment Type:	

TYPE OF WORK	
<input checked="" type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 17014 SW Albatross Ln	
City/State/ZIP: Beaverton Oregon	
Suite/bldg./apt. no.:	Project name: South Cooper Mtn Hts
Cross street/directions to job site:	
Subdivision: South Cooper Mountain Hts	Lot no.: 6
Tax map/parcel no.:	
DESCRIPTION OF WORK	
New SFR	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Everett Custom Homes	
Address: 3330 NW Yeon Ave, Suite 100	
City/State/ZIP: Portland, OR 97210	
Phone: (503) 726-7060	Fax:
E-mail: permits@everetthomesnw.com	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Everett Custom Homes	
Contact name: Denise Stringer	
Address: 3330 NW Yeon Ave, Suite 100	
City/State/ZIP: Portland, OR 97210	
Phone: (503) 726-7060	Fax:
E-mail: permits@everetthomesnw.com	
CONTRACTOR	
Business name: Everett Custom Homes	
Address: 3330 NW Yeon Ave, Suite 100	
City/State/ZIP: Portland, OR 97210	
Phone: (503) 726-7060	Fax:
OCB llo.: 189447	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$273,578.12
Number of bedrooms:	2
Number of bathrooms:	2.5
Total number of floors:	3
New dwelling area:	1570 square feet
Garage/carport area:	475 square feet
Covered porch area:	36 square feet
Deck area:	96 square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	
Amount received	
Date received:	

Authorized signature: _____

Print name: _____ Date: 09/02/20

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

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



Building Permit Application

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

OFFICE USE ONLY	
Date Received: 09/21/2020	Permit No.: B2020-3376
Date Issued: 9-22-2020	By: HK
CITY OF BEAVERTON BUILDING DIVISION	
Payment Type: VISA	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 8625 SW CASCADE SQ AVE.	
City/State/ZIP: BEAVERTON OR 97008	
Suite/bldg./apt. no.: 410	Project name: SUITE 410 TI
Cross street/directions to job site: SW HALL BLVD.	
Subdivision: TIMBERLINE RIM DIV 2	Lot no.: 180
Tax map/parcel no.: MAP NO. 1287	
DESCRIPTION OF WORK	
SUITE 410 - ADD (1) OFFICE, PROVIDE COFFEE BAR AND NEW ELEC. AS INDICATED.	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: HARSCH INVESTMENT PROPERTIES	
Address: 1620 SW Taylor St Ste 300	
City/State/ZIP: PORTLAND OR 97205 502-242-2900	
Phone:	Fax:
E-mail: EmilyM@harsch.com	
<input type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: INK BUILT ARCHITECTURE	
Contact name: MELYNDA RETALLACK	
Address: 2808 NE MLK JR BLVD SUITE G	
City/State/ZIP: PORTLAND OR 97212 503-701-5277	
Phone:	Fax:
E-mail: MEL@INKBUILTDESIGN.COM	
CONTRACTOR	
Business name: PACIFIC CREST STRUCTURES	
Address: 17750 SW UPPER BOONES FERRY RD	
City/State/ZIP: DURHAM OR 97724 503-968-7509	
Phone:	Fax:
CCB lic.: 66915	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$3000
Existing building area:	96,620 square feet
New building area:	0 square feet
Number of stories:	6
Type of construction:	IB
Occupancy groups:	
Existing:	B, M
New:	N/A
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	\$298.01
Amount received	
Date received:	

Authorized signature:	
Print name:	MELYNDA RETALLACK
Date:	09/21/20

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

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

Form B70-1001 REV 11/19



Building Permit Application

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

OFFICE USE ONLY	
Date Received: 06/09/2020	Permit No.: B2020-1981
Date Issued: 9-22-2020	By: HK
Payment Type: MC	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input checked="" type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 9735 SW Robbins Dr	
City/State/ZIP: Beaverton, OR 97008	
Suite/bldg./apt. no.:	Project name: Wakefield
Cross street/directions to job site: SW Conestoga Dr	
Subdivision: Greenway	Lot no.: 5
Tax map/parcel no.: 1S127CD08500	
DESCRIPTION OF WORK	
Enclosing existing dining space for hair salon studio. Creating a pathway from driveway to new exterior entry into space.	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Muy and Nathan Wakefield	
Address: 9735 W Robbins Dr	
City/State/ZIP: Beaverton, OR 97008	
Phone: (503) 866-4027	Fax:
E-mail: emilychea@ymail.com	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Tyler Hart Enterprises DBA T.H.E. Remodel Group	
Contact name: Michael Hull	
Address: 20400 SW Avery Coury	
City/State/ZIP: Tualatin, OR 97062	
Phone: (503) 869-1290	Fax:
E-mail: michael@theremodelgroup.com	
CONTRACTOR	
Business name: Tyler Hart Enterprises DBA T.H.E Remodel Group	
Address: 20400 SW Avery Court	
City/State/ZIP: Tualatin, OR 97062	
Phone: (503) 869-1290	Fax:
CCB lic.: 177821	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	34,870.00
Number of bedrooms:	3
Number of bathrooms:	3
Total number of floors:	2
New dwelling area:	105 square feet
Garage/carport area:	576 square feet
Covered porch area:	square feet
Deck area:	80 square feet
Other structure area:	square feet

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

NOTICE

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

BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	\$312.79
Amount received	
Date received:	

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

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

Authorized signature:	Date:
Print name:	



Building Permit Application

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

OFFICE USE ONLY	
Date Received: 07/21/2020	Permit No.: B2020-2532
Date Issued: <i>9/22/2020</i>	By: <i>[Signature]</i>
Payment Type:	

TYPE OF WORK	
<input checked="" type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 7385 SW 77th ave	
City/State/ZIP: Beaverton OR 97223	
Suite/bldg./apt. no.:	Project name:
Cross street/directions to job site: New Construction	
Subdivision: Garden Home central - 6 lots	Lot no.: #5
Tax map/parcel no.:	
DESCRIPTION OF WORK	
new construction single family residence	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Integral LLC (Gene and Ilya Rakhlin)	
Address: 7711 sw Capitol Hwy #314	
City/State/ZIP: Portland OR 97219	
Phone:	Fax:
E-mail: rakhlin1@yahoo.com	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Advanced Custom Homes LLC	
Contact name: Marsha Rakhlin	
Address: 7405 SW 77th ave	
City/State/ZIP: Beaverton OR 97223	
Phone: 503. 901.6426	Fax:
E-mail: mrakhlin@yahoo.com	
CONTRACTOR	
Business name: Advanced Custom Homes LLC	
Address: 7405 SW 77th ave	
City/State/ZIP: Beaverton OR 97223	
Phone: (503)9016426	Fax:
CCB lic.: #167026	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$440,599.60
Number of bedrooms:	3
Number of bathrooms:	3
Total number of floors:	2
New dwelling area:	square feet 3311
Garage/carport area:	3 square feet 667
Covered porch area:	1 square feet 130
Deck area:	none square feet
Other structure area:	square feet

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

NOTICE

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

BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	1,690.26
Amount received	
Date received:	

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

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

Authorized signature:		
Print name:	Marsha Rakhlin	Date: 07/20/2020



Building Permit Application

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

OFFICE USE ONLY	
Date Received: 07/21/2020	Permit No.: B2020-2531
Date issued: <i>9/23/2020</i>	<i>GM</i>
Payment Type:	

TYPE OF WORK	
<input checked="" type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 7415 SW 77th ave	
City/State/ZIP: Beaverton OR 97223	
Suite/bldg./apt. no.:	Project name:
Cross street/directions to job site: Garden Home RD	
Subdivision: Garden home central subd	Lot no.: 6
Tax map/parcel no.:	
DESCRIPTION OF WORK	
New Construction - residential single family	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Integral LLC (Gene Rakhlin, Ilya Rakhlin)	
Address: 7711 SW Capitol Hwy #314	
City/State/ZIP: Portland OR 97219	
Phone: (503)317 6870	Fax:
E-mail: rakhlin1@yahoo.com	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Advanced Custom Homes LLC	
Contact name: Marsha Rakhlin	
Address: 7405 SW 77th ave	
City/State/ZIP: Beaverton OR 97223	
Phone: (503) 9016426	Fax:
E-mail: mrakhlin@yahoo.com	
CONTRACTOR	
Business name: Advanced Custom Homes LLC	
Address: 7405 SW 77th ave Beaverton OR 97223	
City/State/ZIP:	
Phone: (503) 901-6426	Fax:
CCB lic.: #167026	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	406,031.66
Number of bedrooms:	3
Number of bathrooms:	3
Total number of floors:	2
New dwelling area:	3021 square feet
Garage/carport area:	747 square feet
Covered porch area:	120 square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	1,598.28
Amount received	
Date received:	

Authorized signature:	
Print name: <u>marsha rakhlin</u>	Date: <u>07/19/2020</u>

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

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

Form B70-1001 REV 11/19



Building Permit Application

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

OFFICE USE ONLY
Date Received: 09/02/2020
Permit No.: B2020-3176
Date Issued: 9/16/2020
CITY OF BEAVERTON BUILDING DIVISION
Payment Type:

TYPE OF WORK
New construction
Addition/alteration/replacement
CATEGORY OF CONSTRUCTION
1- and 2-family dwelling
JOB SITE INFORMATION AND LOCATION
Job site address: 6320 SW Alice Ln
City/State/ZIP: Beaverton OR 97008
Project name: Cheryl Fairfax
DESCRIPTION OF WORK
14x20 Addition
Remodel Kitchen & Laundry Room
PROPERTY OWNER
Name: Cheryl Fairfax
Address: 6320 SW Alice Ln
City/State/ZIP: Beaverton OR 97008
Phone: 503-896-2820
E-mail: CFairfax2002@yahoo.com
APPLICANT
Business name: Rose City Maint. & Remodeling
Contact name: Anthony Fork
Address: 63417 Ledge Stone Ct
City/State/ZIP: Bend OR 97701
Phone: 503-519-7711
E-mail: AEFork@gmail.com
CONTRACTOR
Business name: Rose City Maintenance & Remodeling
Address: 1104 SE 148th Ave E
City/State/ZIP: Portland OR 97233
Phone: 503-519-7711
Fax:
CCB lic.: 182799

REQUIRED DATA: 1- AND 2-FAMILY DWELLING
Permit fees* are based on the value of the work performed.
Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.
Valuation: 80,000
Number of bedrooms:
Number of bathrooms:
Total number of floors:
New dwelling area: 280 square feet
Garage/carport area: square feet
Covered porch area: square feet
Deck area: square feet
Other structure area: square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST
Permit fees* are based on the value of the work performed.
Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.
Valuation
Existing building area: square feet
New building area: square feet
Number of stories:
Type of construction:
Occupancy groups:
Existing:
New:
NOTICE
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed.
BUILDING PERMIT FEES
Please refer to fee schedule
Fees due upon application: \$735.52
Amount received:
Date received:

Authorized signature: [Signature]
Print name: Anthony E Fork
Date: 8-31-2020



Building Permit Application

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

OFFICE USE ONLY	
Date Received: 07/31/2020	Permit No.: B2020-2739
Date Issued: 9/17/2020	By: [Signature]
Payment Type:	

TYPE OF WORK	
<input checked="" type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 12628 SW. 172ND TERRACE	
City/State/ZIP: BEAVERTON, OR. 97007	
Suite/bldg./apt. no.:	Project name: S. COOPER MT.
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
CONSTRUCTION OF IN-GROUND CONCRETE SWIMMING POOL AND SPA.	
<input type="checkbox"/> PROPERTY OWNER	<input checked="" type="checkbox"/> TENANT
Name: THE SPANOS CORPORATION	
Address: 10220 SW. GREENBURG RD.	
City/State/ZIP: PORTLAND, OR. 97223	
Phone: (509) 936-0501	Fax:
E-mail: MSTEINBACK@AGSPANOS.COM	
<input type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: BLUE MOUNTAIN POOLS	
Contact name: STEVE HANSEN	
Address: 13121 S. WARNOCK RD.	
City/State/ZIP: OREGON CITY, OR. 97045	
Phone: (503) 860-3110	Fax:
E-mail: STEVE@BLUEMOUNTAINPOOLS.COM	
CONTRACTOR	
Business name: BLUE MOUNTAIN POOLS INC.	
Address: 13121 S. WARNOCK RD.	
City/State/ZIP: OREGON CITY, OR. 97045	
Phone: (503) 760-4554	Fax:
CCB lic.: 23950	

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

REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$99,900
Existing building area:	square feet
New building area:	1768 square feet
Number of stories:	0
Type of construction:	CONCRETE
Occupancy groups:	
Existing:	
New:	

NOTICE

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

BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	1,398.79
Amount received	
Date received:	

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

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

Authorized signature:	Date:
Print name: STEPHEN HANSEN	07/30/20

Building Permit Application

Clear Form



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

OFFICE USE ONLY	
Date Received: 09/17/2020	Permit No.: B2020-3334
Date Issued: 9/18/2020	
CITY OF BEAVERTON BUILDING DIVISION	
Payment Type:	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 9665 SW ALLEN BLVD	
City/State/ZIP: BEAVERTON OR 97005	
Suite/bldg./apt. no.: 110	Project name: ALLEN BUSINESS PK
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
FSW TO RELOCATE HEADS TO ACCOMMODATE REMODEL	
<input type="checkbox"/> PROPERTY OWNER	<input checked="" type="checkbox"/> TENANT
Name: ALLEN BUSINESS PARK	
Address: 96654 SW ALLEN BLVD STE 110	
City/State/ZIP: BEAVERTON OR 97005	
Phone:	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: FIRE SYSTEMS WEST	
Contact name: BRANDON WHITTAKER	
Address: 600 SE MARITIME AVE STE 300	
City/State/ZIP: VANCOUVER WA 98661	
Phone: (360) 693-9906	Fax:
E-mail: BRANDONW@FIRESYSTEMSWEST.COM	
CONTRACTOR	
Business name: FIRE SYSTEM WEST	
Address:	
City/State/ZIP:	
Phone: (360) 693-9906	Fax:
CCB lic.: 49732	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	4934.00
Existing building area:	square feet 4686
New building area:	square feet 4686
Number of stories:	1
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	\$74.13
Amount received	
Date received:	

Authorized signature: <i>Brandon D Whittaker</i>	Date:
Print name: BRANDON WHITTAKER	09/16/20

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

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



Building Permit Application

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

RECEIVED OFFICE USE ONLY	
Date Received: 3/11/2020	Permit No.: B2020-0971
Date Issued: 3/11/2020	By: <i>[Signature]</i>
CITY OF BEAVERTON	
Payment Type:	

TYPE OF WORK	
<input checked="" type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input checked="" type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 13400 NW Cornell Road	
City/State/ZIP: Beaverton OR 97229	
Suite/bldg./apt. no.:	Project name: Cedar Grove Apts
Cross street/directions to job site: NW Cornell Road & NW Murray Blvd	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Fire Alarm Insallation for sprinkled R2 Building	
<input type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
<input type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name:	
Contact name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
CONTRACTOR	
Business name: PORTER Electric Inc	
Address: 7320 NE St Johns Rd	
City/State/ZIP: Vancouver WA 98665	
Phone: (360) 574-1366	Fax: (360) 573-3723
CCB lic.: 46678	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$46550.00
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	4
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
<i>Please refer to fee schedule</i>	
Fees due upon application	
Amount received	
Date received:	

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

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

Authorized signature:	Date:
Bill Robinson	03/11/20

Building Permit Application

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

ELECTRONIC SUBMITTAL
 SEE I:/BLDG DIV WG-8...

RECEIVED

OFFICE USE ONLY

Date Received: 08/01/2019	Permit No.: B2019-3281
Date Issued: 07/31/2019	By: [Signature]
CITY OF BEAVERTON BUILDING DIVISION	
Payment Type:	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address:	
City/State/ZIP: Beaverton, OR 97007	
Suite/bldg./apt. no.:	Project name: PO01332D Sexton
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.: 1S132DB05200	
DESCRIPTION OF WORK	
Replace (3) antennas, replace (3) radios, add (3) radios, remove (6) TMA, and add (1) hybrid .	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Portland General Electric (PGE)	
Address: 2213 SW 153rd Dr.	
City/State/ZIP: Beaverton, OR 97006	
Phone: (503) 672-5556	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: Technology Associates on behalf of T-Mobile	
Contact name: Chelsi Monihan	
Address: 7117 SW Beveland Rd. Suite 101	
City/State/ZIP: Tigard, OR 97223	
Phone: (503) 593-0282	Fax:
E-mail: chelsi.monihan@taec.net	
CONTRACTOR	
Business name: To-Be-Determined (TBD) - Bluestream	
Address: 3305 Highway 600 West	
City/State/ZIP: Faribault MN. 55021	
Phone:	Fax:
CCB lic.: 197475	

Authorized signature: [Signature]	Date:
Print name: Chelsi Monihan	07/31/19

REQUIRED DATA: 1- AND 2-FAMILY DWELLING

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

Valuation

Number of bedrooms:

Number of bathrooms:

Total number of floors:

New dwelling area: square feet

Garage/carport area: square feet

Covered porch area: square feet

Deck area: square feet

Other structure area: square feet

REQUIRED DATA: COMMERCIAL-USE CHECKLIST

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

Valuation: \$20,000

Existing building area: square feet

New building area: square feet

Number of stories:

Type of construction:

Occupancy groups:

Existing:

New:

NOTICE

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

BUILDING PERMIT FEES*

Please refer to fee schedule

Fees due upon application	\$290.98
Amount received	
Date received:	

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

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

Form B70-1001 REV 2/14



Building Permit Application

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

OFFICE USE ONLY	
Date Received: 07/30/2020	Permit No.: B2020-2717
Date Issued: 09/15/2020	By: HK
	Payment Type: VISA

TYPE OF WORK	
<input checked="" type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 2597 SW Cedar Hills Blvd	
City/State/ZIP: Beaverton, OR 97005	
Suite/bldg./apt. no.:	Project name: Cedar Hills Crossing #9
Cross street/directions to job site: SW Walker Road	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Install complete automatic Fire Sprinklers in new Retail Shell building per NFPA 13 (2016)	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: C.E. John Company, Inc.	
Address: 1701 SE Columbia River Dr.	
City/State/ZIP: Vancouver, WA 98661	
Phone: (360) 823-2779	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Patriot Fire Protection	
Contact name: Pattie Wenholz	
Address: 4708 NE Minnehaha Street	
City/State/ZIP: Vancouver, WA 98661	
Phone: (360) 635-2560	Fax: (360) 699-4485
E-mail: pattie.wenholz@patriotfire.com	
CONTRACTOR	
Business name: Patriot Fire Protection	
Address: 4708 NE Minnehaha Street	
City/State/ZIP: Vancouver, WA 98661	
Phone: (360) 635-2560	Fax: (360) 699-4485
CCB lic.: 70822	

CITY OF BEAVERTON BUILDING DIVISION	
REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$25,713
Existing building area:	square feet
New building area:	10,956 square feet
Number of stories:	1
Type of construction:	V-A
Occupancy groups:	M/A-2
Existing:	
New:	M (Ordinary Hazard 2)
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	\$230.16
Amount received	
Date received:	

Authorized signature: <i>Pattie Wenholz</i>	Date:
Print name: Pattie Wenholz	07/29/20

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

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

Form B70-1001 REV 11/19



Building Permit Application

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

OFFICE USE ONLY	
Date Received: 09/09/2020	Permit No.: B2020-3249
Date Issued: 9-15-20	By: HK
Payment Type: VISA	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 15130 SW Daphne Ct	
City/State/ZIP: Beaverton Or 97007	
Suite/bldg./apt. no.:	Project name: Margie Deck
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.: 15120ab91020	
DESCRIPTION OF WORK	
Replace existing deck	
<input type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Margaret Torgeson	
Address: 15130 Sw Daphne Ct	
City/State/ZIP: Beaverton Or 97007	
Phone:	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Walter Bros Construction LLC dba Pdx Deck and Fence	
Contact name: Jeff Walter	
Address: 20006 Homestead Dr	
City/State/ZIP: Oregon City Or 97045	
Phone: 503-332-5076	Fax:
E-mail: pdxdeckandfence@comcast.net	
CONTRACTOR	
Business name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
CCB lic.: 178555	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$11,000
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	186 square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	185.58
Amount received	
Date received:	

Authorized signature:	Date:
Print name: Jeff Walter	Sept 8 2020

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

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

Form B70-1001 REV 11/19



Building Permit Application

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

OFFICE USE ONLY	
Date Received: 09/04/2020	Permit No.: B2020-3210
Date Issued: 09/02/2020	By: [Signature]
CITY OF BEAVERTON BUILDING DIVISION	
Payment Type:	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 11900 SW Fulmar Terr	
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	
Add an additional bathroom in the attic space	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Brian Knudsen	
Address: same	
City/State/ZIP:	
Phone: (503) 449-8747	Fax:
E-mail:	
<input type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name:	
Contact name: Dennis Skoro	
Address:	
City/State/ZIP:	
Phone: (503) 740-4400	Fax:
E-mail: sales@portlandproject.com	
CONTRACTOR	
Business name: Brian Knudsen	
Address: Home owner	
City/State/ZIP:	
Phone:	Fax:
CCB lic.:	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$25,000
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	\$248.67
Amount received	
Date received:	

Authorized signature:	
Print name:	Date:
Brian Knudsen	09/02/20

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

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

Form B70-1001 REV 11/19



Building Permit Application

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

OFFICE USE ONLY	
Date Received: 09/08/2020	Permit No.: B2020-3218
Date Issued: 9/16/2020	By: [Signature]
Payment Type:	

TYPE OF WORK	
<input checked="" type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 2865 SW CEDAR HILLS BOULEVARD	
City/State/ZIP: BEAVERTON, OR 97005	
Suite/bldg./apt. no.:	Project name: BUILDING-14
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
INSTALLATION OF SPRINKLER MONITORING SYSTEM	
<input type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
<input type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: STONER ELECTRIC, INC.	
Contact name: SARABETH DODD	
Address: 1904 SE OCHOCO	
City/State/ZIP: MILWAUKIE, OR 97222	
Phone: (503) 462-5217	Fax:
E-mail: PERMITS@STONERGROUP.COM	
CONTRACTOR	
Business name: STONER ELECTRIC, INC.	
Address: 1904 SE OCHOCO	
City/State/ZIP: MILWAUKIE, OR 97222	
Phone: (503) 462-6500	Fax:
CCB lic.: 44823	

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

REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$5,300
Existing building area:	0 square feet
New building area:	4349 square feet
Number of stories:	1
Type of construction:	V-B
Occupancy groups:	A-2
Existing:	NONE
New:	

NOTICE

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

BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	284.91
Amount received	
Date received:	

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

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

Authorized signature: [Signature]	Date:
Print name: DENNIS WHITCOMB	09/04/20



Building Permit Application

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

OFFICE USE ONLY	
Date Received: 07/22/2020	Permit No.: B2020-2612
Date Issued: 9/10/2020	BY: [Signature]
CITY OF BEAVERTON BUILDING DIVISION	
Payment Type:	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 3570 SW 87th Ave	
City/State/ZIP: Beaverton OR 97225	
Suite/bldg./apt. no.:	Project name: Denson Addition
Cross street/directions to job site: SW 87th & Fairwood Drive	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Upper level addition to existing residence + Carport replacement	
<input type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Brad Denson	
Address: POB 737	
City/State/ZIP: Halfway OR 97834	
Phone: 541-742-6116	Fax:
E-mail: bdenson@daltonmngt.com	
<input type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Richard Carlson architect	
Contact name: Rick Carlson	
Address: 290 Furnace St	
City/State/ZIP: Lake Oswego OR 97024	
Phone: 503-807-6925	Fax:
E-mail: carloni@pacifi.com	
CONTRACTOR	
Business name: Kodiak Builders Inc	
Address: 11035 SW Center Blvd 97005	
City/State/ZIP:	
Phone: 503-708-8471	Fax:
CCB lic.: 94657	
Authorized signature: [Signature]	
Print name: Richard R Carlson	Date:

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$ 54,200
Number of bedrooms:	2
Number of bathrooms:	1
Total number of floors:	2
New dwelling area:	940 square feet
Garage/carport area:	220 square feet
Covered porch area:	65 square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	\$925.81
Amount received	
Date received:	

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

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

Form B70-1001 REV 11/19



Building Permit Application

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

OFFICE USE ONLY	
Date Received: 12/27/2019	Permit No.: B2019-5285
Date Issued: 9/10/2020	By: [Signature]
Payment Type:	

TYPE OF WORK	
<input checked="" type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: No situs, Lots 1N134CD06300	
City/State/ZIP: Beaverton, OR	
Suite/bldg./apt. no.:	Project name: Kirkland Place - Pad 2
Cross street/directions to job site: NW Cedar Falls Drive and NW 117th Loop	
Subdivision: Timberland Planned unit	Lot no.: 1N134CD06300
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Retail Shell building, 6000 sf type 5b construction, interior tenant improvement will be a separate permit.	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Kirkland Development LLC	
Address: 2370 E 3rd Loop, Suite 100	
City/State/ZIP: Vancouver WA 98661	
Phone: (360) 816-1490	Fax:
E-mail: drew@kirklandgloballlc.com	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: Otak	
Contact name: Philip Pittsenbarger	
Address: 808 SW Third Ave, Suite 800	
City/State/ZIP: Portland, Or 97204	
Phone: (503) 415-2422	Fax:
E-mail: philip.pittsenbarger@otak.com	
CONTRACTOR	
Business name: Kirkland Construction Group LLC	
Address: 2370 E 3rd Loop, Suite 100	
City/State/ZIP: Vancouver WA 98661	
Phone: (360) 816-1490	Fax:
CCB lic.: 213367	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	459,600
Existing building area:	n/a square feet
New building area:	6000 square feet
Number of stories:	1
Type of construction:	5b
Occupancy groups:	Mercantile
Existing:	n/a
New:	Mercantile
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	\$3,067.73
Amount received	
Date received:	

Authorized signature: [Signature]	Date:
Print name: Philip Pittsenbarger	12/26/19

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

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

Form B70-1001 REV 11/19



Building Permit Application

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

RECEIVED

OFFICE USE ONLY

Date Received: 08/21/2020 Permit No.: B2020-3051
 Date Issued: 9/10/2020 By: [Signature]
 CITY OF BEAVERTON BUILDING DIVISION Payment Type:

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input checked="" type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 9435 SW 125th Ave	
City/State/ZIP: Beaverton/Oregon/97008	
Suite/bldg./apt. no.: Building A	Project name: Forest Green Apartments
Cross street/directions to job site: SW 125th Ave and Greenway	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Replace windows and sliding patio doors. Replace vinyl siding with 8.26 Hardie Prevail. Replace gutters and downspouts. Replace exterior lights.	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Carla Properties LTD	
Address: 633 NW 19th Ave	
City/State/ZIP: Portland/Oregon 97209	
Phone: (503) 730-7275	Fax:
E-mail: etlabby@carlaprop.com	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: Finnmark Property Services	
Contact name: Ryan Taylor	
Address: 8383 NE Sandy Blvd # 370	
City/State/ZIP: Portland/ OR/ 97220	
Phone: (971) 201-5671	Fax:
E-mail: ryant@finnmarkps.com	
CONTRACTOR	
Business name: Finnmark Property Services	
Address: 8383 NE Sandy Blvd # 370	
City/State/ZIP: Portland/ OR/ 97220	
Phone: (971) 201-5671	Fax:
CCB lic.: OR#174448	
Authorized signature: [Signature]	
Print name: Ryan Taylor	Date: 8/13/2020

REQUIRED DATA: 1- AND 2-FAMILY DWELLING

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

Valuation

Number of bedrooms:

Number of bathrooms:

Total number of floors:

New dwelling area: square feet

Garage/carport area: square feet

Covered porch area: square feet

Deck area: square feet

Other structure area: square feet

REQUIRED DATA: COMMERCIAL-USE CHECKLIST

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

Valuation: \$118,044.00

Existing building area: 7490 square feet

New building area: square feet

Number of stories: 2

Type of construction: Siding

Occupancy groups:

Existing:

New:

NOTICE

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

BUILDING PERMIT FEES*

Please refer to fee schedule

Fees due upon application	\$1,543.88
Amount received	
Date received:	

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

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

Form B70-1001 REV 11/19



Building Permit Application

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

OFFICE USE ONLY	
Date Received: 9/10/2020	Permit No.: B2020 2959
Date Issued: [Signature]	By: [Signature]
Payment Type:	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input checked="" type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 4505 SW 142nd	
City/State/ZIP: Beaverton, OR 97005	
Suite/bldg./apt. no.:	Project name: Fountain Park Alarms
Cross street/directions to job site: SW Farmington between SW Murray Blvd. and SW Farmington Rd.	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Add alarm pull stations and bells per original approvals.	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Fountain Park LLC	
Address: 1417 NW Marshall	
City/State/ZIP: Portland, OR 97209	
Phone: (503) 480-0230	Fax:
E-mail: jp@cresapts.com	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: steven routon architect / llc	
Contact name: steven routon	
Address: 6144 NE Vera Street	
City/State/ZIP: Portland, OR 97213	
Phone: (971) 506-7436	Fax:
E-mail: skrarchitect@gmail.com	
CONTRACTOR	
Business name: The Creative Group L/N LLC	
Address: 12670 SW Fairfield St	
City/State/ZIP: Beaverton, OR 97005	
Phone: (971) 230-8012	Fax:
CCB lic.: 228530	

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

Authorized signature: [Signature]

Print name: Jeffrey Passadore	Date: 08/12/20
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This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

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

Form B70-1001 REV 11/19



Building Permit Application

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

OFFICE USE ONLY	
Date Received: 9/10/2020	Permit No.: B2020-2958
Date Issued: 9/10/2020	By: [Signature]
Payment Type:	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input checked="" type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 4470 SW Murray Blvd	
City/State/ZIP: Beaverton, OR 97005	
Suite/bldg./apt. no.:	Project name: Fountain Park Alarms
Cross street/directions to job site: SW Farmington between SW Murray Blvd. and SW Farmington Rd.	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Add alarm pull stations and bells per original approvals.	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Fountain Park LLC	
Address: 1417 NW Marshall	
City/State/ZIP: Portland, OR 97209	
Phone: (503) 480-0230	Fax:
E-mail: jp@cresapts.com	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: steven routon architect / llc	
Contact name: steven routon	
Address: 6144 NE Vera Street	
City/State/ZIP: Portland, OR 97213	
Phone: (971) 506-7436	Fax:
E-mail: skrarchitect@gmail.com	
CONTRACTOR	
Business name: The Creative Group L/N LLC	
Address: 12670 SW Fairfield St	
City/State/ZIP: Beaverton, OR 97005	
Phone: (971) 230-8012	Fax:
CCB lic.: 228530	

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

Authorized signature: [Signature]	Date:
Print name: Jeffrey Passadore	08/12/20

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

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



Building Permit Application

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

OFFICE USE ONLY	
Date Received:	Permit No.: B 2020 - 2961
Date Issued: 9/10/2020	By: [Signature]
Payment Type:	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input checked="" type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 4655 SW 142nd	
City/State/ZIP: Beaverton, OR 97005	
Suite/bldg./apt. no.:	Project name: Fountain Park Alarms
Cross street/directions to job site: SW Farmington between SW Murray Blvd. and SW Farmington Rd.	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Add alarm pull stations and bells per original approvals.	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Fountain Park LLC	
Address: 1417 NW Marshall	
City/State/ZIP: Portland, OR 97209	
Phone: (503) 480-0230	Fax:
E-mail: jp@cresapts.com	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: steven routon architect / llc	
Contact name: steven routon	
Address: 6144 NE Vera Street	
City/State/ZIP: Portland, OR 97213	
Phone: (971) 506-7436	Fax:
E-mail: skrarchitect@gmail.com	
CONTRACTOR	
Business name: The Creative Group L/N LLC	
Address: 12670 SW Fairfield St	
City/State/ZIP: Beaverton, OR 97005	
Phone: (971) 230-8012	Fax:
CCB lic.: 228530	

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

Authorized signature: [Signature]	Date:
Print name: Jeffrey Passadore	08/12/20

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

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

Form B70-1001 REV 11/19



Building Permit Application

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

OFFICE USE ONLY	
Date Received: 9/10/2020	Permit No. 153020-2960
Date Issued:	By: [Signature]
Payment Type:	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input checked="" type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 4555 SW 142nd	
City/State/ZIP: Beaverton, OR 97005	
Suite/bldg./apt. no.:	Project name: Fountain Park Alarms
Cross street/directions to job site: SW Farmington between SW Murray Blvd. and SW Farmington Rd.	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Add alarm pull stations and bells per original approvals.	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Fountain Park LLC	
Address: 1417 NW Marshall	
City/State/ZIP: Portland, OR 97209	
Phone: (503) 480-0230	Fax:
E-mail: jp@cresapts.com	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: steven routon architect / llc	
Contact name: steven routon	
Address: 6144 NE Vera Street	
City/State/ZIP: Portland, OR 97213	
Phone: (971) 506-7436	Fax:
E-mail: skrarchitect@gmail.com	
CONTRACTOR	
Business name: The Creative Group L/N LLC	
Address: 12670 SW Fairfield St	
City/State/ZIP: Beaverton, OR 97005	
Phone: (971) 230-8012	Fax:
CCB lic.: 228530	

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

Authorized signature: [Signature]	Date:
Print name: Jeffery Passadore	08/12/20

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



Building Permit Application

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

OFFICE USE ONLY	
Date Received: 8-28-20	Permit No.: B2020-3138
Date Issued: 9-9-2020	By: HK
Payment Type: VISA	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 6970 SW Dale Ave	
City/State/ZIP: Beaverton, OR, 97008	
Suite/bldg./apt. no.:	Project name: PVDA01
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Convert existing 2 door garage opening to 1 door garage opening measuring 16ftx7ft	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Pascal Veysseire	
Address: 6970 SW Dale Ave	
City/State/ZIP: Beaverton, OR, 97008	
Phone: (403) 807-3241	Fax:
E-mail: pascal.veysseire@intel.com	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: Davey Development LLC	
Contact name: Gerard Davey	
Address: 19851 NW Rock Creek BLVD	
City/State/ZIP: Portland, OR, 97229	
Phone: (503) 927-2701	Fax:
E-mail: DaveyDevLLC@gmail.com	
CONTRACTOR	
Business name: Davey Development LLC	
Address: 19851 NW Rock Creek BLVD	
City/State/ZIP: Portland, OR, 97229	
Phone: (503) 927-2701	Fax:
CCB lic.: 230062	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	7850
Number of bedrooms:	0
Number of bathrooms:	0
Total number of floors:	0
New dwelling area:	0 square feet
Garage/carport area:	0 square feet
Covered porch area:	0 square feet
Deck area:	0 square feet
Other structure area:	0 square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	\$124.43
Amount received	
Date received:	

Authorized signature:	
Print name:	Date:
Gerad Davey	08/27/20

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

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

Form B70-1001 REV 11/19



Building Permit Application

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

OFFICE USE ONLY	
Date Received: 09/08/2020	Permit No.: B2020-3237
Date Issued:	By: HK
	Payment Type: VISA

CITY OF BEAVERTON
 BUILDING DIVISION

TYPE OF WORK	
<input type="checkbox"/> New construction	<input checked="" type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 11720 SW Bruce Drive	
City/State/ZIP: Beaverton, OR 97008	
Suite/bldg./apt. no.:	Project name: Rowlette
Cross street/directions to job site: Alice Lane	
Subdivision: Looking Glass	Lot no.:
Tax map/parcel no.: 1S122BD03800	
DESCRIPTION OF WORK	
Demolish existing house	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Mark Rowlette	
Address: 11800 SW Iron Horse Lane	
City/State/ZIP: Beaverton, OR 97008	
Phone: (503) 758-1912	Fax:
E-mail: marowlette@aol.com	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name:	
Contact name: Mark Rowlette	
Address: 11800 SW Iron Horse Lane	
City/State/ZIP: Beaverton, OR 97008	
Phone: (503) 758-1912	Fax:
E-mail: marowlette@aol.com	
CONTRACTOR	
Business name: TLC Excavating & Construction	
Address: P.O. Box 962	
City/State/ZIP: Molalla, OR 97038	
Phone: (503) 829-9936	Fax:
CCB lic.: 154312	

Authorized signature:	Date: 9/4/20
Print name: Mark Rowlette	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	25,000.00
Number of bedrooms:	0
Number of bathrooms:	0
Total number of floors:	1
New dwelling area:	0 square feet
Garage/carport area:	0 square feet
Covered porch area:	0 square feet
Deck area:	0 square feet
Other structure area:	0 square feet

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

NOTICE

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

Planning approval per Brett Cannon.

BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	\$559.26
Amount received	
Date received:	

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

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



Building Permit Application

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

OFFICE USE ONLY	
Date Received: 07/31/2020	Permit No.: B2020-2749
Date Issued: 9/18/2020	By: [Signature]
Payment Type:	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input checked="" type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 16040 SW Flicker Ct Beaverton Or 97007	
City/State/ZIP: Beaverton, OR	
Suite/bldg./apt. no.:	Project name: Ann Fairfield Inclinato
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Installation of hoist way for residential Elevator from garage into laundry room.	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Ann Fairfield	
Address: 16040 SW Flicker Ct Beaverton Or 97007	
City/State/ZIP: Beaverton, OR	
Phone: (503) 801-3160	Fax:
E-mail: p.ann.skf@gmail.com	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: Advanced Vertical Solutions LLC.	
Contact name: Geno Damico	
Address: 11140 S.W. 109th	
City/State/ZIP: Tigard OR 97223	
Phone: (360) 561-5293	Fax:
E-mail: 503upndown@gmail.com	
CONTRACTOR	
Business name: Advanced Vertical Solutions LLC.	
Address: 11140 S.W. 109th	
City/State/ZIP: Tigard OR 97223	
Phone: (360) 561-5293	Fax:
CCB lic.: 192972	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	40000
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	2
New dwelling area:	0 square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	476.80
Amount received	
Date received:	

Authorized signature:	Date:
Print name: Geno Damico	7/31/2020

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

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



Building Permit Application

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

OFFICE USE ONLY	
Date Received: 8-28-20	Permit No.: B2020-3135
Date Issued: 9/1/2020	By: [Signature]
Payment Type:	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 3211 SW Cedar Hills Blvd	
City/State/ZIP: Beaverton, OR 97005	
Suite/bldg./apt. no.:	Project name: Oswego Grill Remodel
Cross street/directions to job site: Across Cedar Hills Blvd from Burger King, next door to Bank of America.	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Adding new walk-in cooler	
<input type="checkbox"/> PROPERTY OWNER	<input checked="" type="checkbox"/> TENANT
Name: Oswego Grill	
Address: 3211 SW Cedar Hills Blvd	
City/State/ZIP: Beaverton, OR 97005	
Phone: (503) 307-3481	Fax:
E-mail: bgabriel@crossroadsrestaurantgroup.com	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: Bargreen Ellingson of Oregon	
Contact name: Shaun Britt	
Address: 3232 NW Industrial St	
City/State/ZIP: Portland, OR 97210	
Phone: (971) 334-2484	Fax:
E-mail: sbritt@bargreen.com	
CONTRACTOR	
Business name: Bargreen Ellingson of Oregon	
Address: 3232 NW Industrial St	
City/State/ZIP: Portland, OR 97210	
Phone: (971) 334-2484	Fax:
CCB lic.: 130936	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	12,000.00
Existing building area:	square feet
New building area:	129 square feet
Number of stories:	1
Type of construction:	Pre-Fabricated
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	
Amount received	
Date received:	

Authorized signature:	Date:
Print name: Shaun Britt	08/27/20

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

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



Building Permit Application

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

OFFICE USE ONLY	
Date Received: 8-28-2020	Permit No.: B2020-3131
Date Issued: 9/8/2020	By: [Signature]
	Payment Type:

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 9555 SW Barnes Rd	
City/State/ZIP: Portland, OR 97225	
Suite/bldg./apt. no.: #150	Project name: NW Rheumatology TI
Cross street/directions to job site: Peterkort Centre Campus	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Interior Remodel	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Tina Beavers	
Address: 9755 SW Barnes Rd #620	
City/State/ZIP: Portland, OR 97225	
Phone: (503) 546-5632	Fax:
E-mail: tbeavers@peterkort.com	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Ankrom Moisan Architects	
Contact name: Avery Asato	
Address: 38 NW Davis St #300	
City/State/ZIP: Portland, OR 97209	
Phone: (503) 952-1317	Fax:
E-mail: averya@ankrommoisan.com	
CONTRACTOR	
Business name: R&H Construction	
Address: 2019 NW Wilson St	
City/State/ZIP: Portland, OR 97209	
Phone: (503) 819-3881	Fax:
CCB lic.: OR 38304	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	272,800
Existing building area:	10,940 square feet
New building area:	10,940 square feet
Number of stories:	3
Type of construction:	Type II-A, Sprinklered
Occupancy groups:	B
Existing:	B
New:	B
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	\$2,719.82
Amount received	
Date received:	

Authorized signature:	
Print name:	Date:
Avery Asato	08/27/20

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

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

Form B70-1001 REV 11/19



Building Permit Application

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

OFFICE USE ONLY	
Date Received: 09/02/2020	Permit No.: B2020-3178
Date Issued: 9/18/2020	AM
CITY OF BEAVERTON BUILDING DIVISION	
Payment Type:	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 13165 SW Glenn Ct	
City/State/ZIP: Beaverton, OR 97008	
Suite/bldg./apt. no.:	Project name: Grantham
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.: 1S121DB03700	
DESCRIPTION OF WORK	
Removing existing windows and widening opening to install larger window.	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Ben Grantham	
Address: 13165 SW Glenn Ct	
City/State/ZIP: Beaverton, OR 97008	
Phone:	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: Renewal by Andersen	
Contact name: Kendal DelCarpine	
Address: 18151 SW Boones Ferry Rd	
City/State/ZIP: Portland, OR 97224	
Phone: (541) 400-9079	Fax:
E-mail: permits@rbanw.com	
CONTRACTOR	
Business name: Renewal by Andersen	
Address: 18151 SW Boones Ferry Rd	
City/State/ZIP: Portland, OR 97224	
Phone: (541) 400-9079	Fax:
CCB lic.: 198571	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	4000
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	\$95.20
Amount received	
Date received:	

Authorized signature:	
Print name:	Date:
Kendal DelCarpine	09/01/20

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

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



Building Permit Application

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

OFFICE USE ONLY

Date Received	07/31/2020	Permit No.:	B2020-2741
Date Issued:	9/3/2020	By:	[Signature]
		Payment Type:	

TYPE OF WORK	
<input checked="" type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 14700 SW Rocket St.	
City/State/ZIP: Beaverton, OR 97007	
Suite/bldg./apt. no.: Swrm Center	Project name: West End Apartments
Cross street/directions to job site: SW Tualatin Valley Highway	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Install Fire alarm system to Monitor sprinkler components, including connections to tamper and flow switches. Install and monitor a pull station in each riser closet, a smoke detector in each closet, and an outside horn strobe.	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Fire Protection Services, Inc.	
Contact name: David Phipps	
Address: 9950 SW Arctic Dr.	
City/State/ZIP: Beaverton, OR 97005	
Phone: (503) 590-3732	Fax:
E-mail: Fire2112@ymail.com	
CONTRACTOR	
Business name: Fire Protection Services, Inc.	
Address: 9950 SW Arctic Dr.	
City/State/ZIP: Beaverton, OR 97005	
Phone: (503) 590-3732	Fax:
CCB lic.: 154333	

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

Authorized signature:	[Signature]
Print name:	David Phipps
Date:	7/27/20

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

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



Building Permit Application

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

OFFICE USE ONLY	
Date Received: 07/31/2020	Permit No.: B2020-2742
Date Issued: 9/3/2020	By: [Signature]
Payment Type:	

TYPE OF WORK	
<input checked="" type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 3806 SW Orbit St.	
City/State/ZIP: Beaverton, OR 97007	
Suite/bldg./apt. no.: 5	Project name: West End Apartments
Cross street/directions to job site: SW Tualatin Valley Highway	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Install Fire alarm system to Monitor sprinkler components, including connections to tamper and flow switches. Install and monitor a pull station in each riser closet, a smoke detector in each closet, and an outside horn strobe.	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Fire Protection Services, Inc.	
Contact name: David Phipps	
Address: 9950 SW Arctic Dr.	
City/State/ZIP: Beaverton, OR 97005	
Phone: (503) 590-3732	Fax:
E-mail: Fire2112@ymail.com	
CONTRACTOR	
Business name: Fire Protection Services, Inc.	
Address: 9950 SW Arctic Dr.	
City/State/ZIP: Beaverton, OR 97005	
Phone: (503) 590-3732	Fax:
CCB lic.: 154333	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	12,650.00
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	134.36
Amount received	
Date received:	

Authorized signature:	[Signature]
Print name:	David Phipps
Date:	7/27/20

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

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



Building Permit Application

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

OFFICE USE ONLY	
Date Received: 07/31/2020	Permit No.: B2020-2743
Date Issued: 9/3/2020	By: [Signature]
Payment Type:	

TYPE OF WORK	
<input checked="" type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 3807 SW Orbit St.	
City/State/ZIP: Beaverton, OR 97007	
Suite/bldg./apt. no.: 9	Project name: West End Apartments
Cross street/directions to job site: SW Tualatin Valley Highway	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Install Fire alarm system to Monitor sprinkler components, including connections to tamper and flow switches. Install and monitor a pull station in each riser closet, a smoke detector in each closet, and an outside horn strobe.	
<input type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Fire Protection Services, Inc.	
Contact name: David Phipps	
Address: 9950 SW Arctic Dr.	
City/State/ZIP: Beaverton, OR 97005	
Phone: (503) 590-3732	Fax:
E-mail: Fire2112@ymail.com	
CONTRACTOR	
Business name: Fire Protection Services, Inc.	
Address: 9950 SW Arctic Dr.	
City/State/ZIP: Beaverton, OR 97005	
Phone: (503) 590-3732	Fax:
CCB lic.: 154333	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	12,650.00
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	\$134.36
Amount received	
Date received:	

Authorized signature:	[Signature]
Print name:	David Phipps
Date:	7/27/20

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

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



Building Permit Application

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

RECEIVED

OFFICE USE ONLY

Date Received: 08/25/2020	Permit No.: B2020-3084
Date Issued: 09/11/2020	BY: [Signature]
CITY OF BEAVERTON BUILDING DIVISION	
Payment Type:	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 15700 nw Blueridge dr	
City/State/ZIP: Beaverton, Or. 97006	
Suite/bldg./apt. no.:	Project name:
Cross street/directions to job site: 158th ave	
Subdivision:	Lot no.:
Tax map/parcel no.: 1n132ca013	
DESCRIPTION OF WORK	
Add wall to kitchen area	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Weber Holdings, Inc	
Address: 2706 Willakenzie Rd	
City/State/ZIP: Eugene, Oregon 97401	
Phone: (541) 686-2237	Fax:
E-mail: Dori@papaspizza.net	
<input type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: Replay Sports Pub And Arcade	
Contact name: Daniel Olson	
Address: 15700 NW Blueridge dr.	
City/State/ZIP: Beaverton, Oregon 97006	
Phone: (360) 931-8161	Fax:
E-mail: replaybeaverton@gmail.com	
CONTRACTOR	
Business name: Self	
Address:	
City/State/ZIP:	
Phone:	Fax:
CCB lic.:	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING

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

Valuation

Number of bedrooms:

Number of bathrooms:

Total number of floors:

New dwelling area: square feet

Garage/carport area: square feet

Covered porch area: square feet

Deck area: square feet

Other structure area: square feet

REQUIRED DATA: COMMERCIAL-USE CHECKLIST

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

Valuation 750.00

Existing building area: 11800 square feet

New building area: 11800 square feet

Number of stories: 1

Type of construction: wood

Occupancy groups:

Existing: 150

New: 150

NOTICE

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

BUILDING PERMIT FEES*

Please refer to fee schedule

Fees due upon application	\$158.42
Amount received	
Date received:	

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

Authorized signature:	Date:
Daniel Olson	08/25/20



Building Permit Application

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

OFFICE USE ONLY	
Date Received: 07/24/2020	Permit No.: B2018-3162
Date Issued: 7/13/2020	By: [Signature]
CITY OF BEAVERTON BUILDING DIVISION	
Payment Type:	

TYPE OF WORK	
<input checked="" type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 17136 SW Woodpecker Lane	
City/State/ZIP: Beaverton Oregon	
Suite/bldg./apt. no.:	Project name: South Cooper Mtn Hts
Cross street/directions to job site:	
Subdivision: South Cooper Mountain Hts	Lot no.: 24
Tax map/parcel no.:	
DESCRIPTION OF WORK	
New SFR	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Everett Custom Homes	
Address: 3330 NW Yeon Ave, Suite 100	
City/State/ZIP: Portland, OR 97210	
Phone: (503) 726-7060	Fax:
E-mail: angie@everetthomesnw.com	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Everett Custom Homes	
Contact name: Angie Cook	
Address: 3330 NW Yeon Ave, Suite 100	
City/State/ZIP: Portland, OR 97210	
Phone: (503) 726-7042	Fax:
E-mail: permits@everetthomesnw.com	
CONTRACTOR	
Business name: Everett Custom Homes	
Address: 3330 NW Yeon Ave, Suite 100	
City/State/ZIP: Portland, OR 97210	
Phone: (503) 726-7060	Fax:
CCB lic.: 189447	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$191,000
Number of bedrooms:	2
Number of bathrooms:	2.5
Total number of floors:	3
New dwelling area:	1542 square feet
Garage/carport area:	536 square feet
Covered porch area:	0 square feet
Deck area:	126 square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	
Amount received	
Date received:	

Authorized signature: <i>Angie Cook</i>	Date:
Print name: Angie Cook	07/22/20

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

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

Form B70-1001 REV 11/19



Building Permit Application

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

RECEIVED

OFFICE USE ONLY	
Date Received: 08/26/2020	Permit No.: B2020-3101
Date Issued: 9/14/2020	By: [Signature]
CITY OF BEAVERTON	
Payment Type:	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 7885 SW Gearhart Dr	
City/State/ZIP: Beaverton, OR 97007	
Suite/bldg./apt. no.:	Project name: Ionis Family
Cross street/directions to job site: near Murray and Hart	
Subdivision:	Lot no.:
Tax map/parcel no.: 1S120DC04400	
DESCRIPTION OF WORK	
Cut 2 new windows into exterior wall	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Louie Ionis	
Address: 7885 SW Gearhart Dr	
City/State/ZIP: Beaverton, OR 97007	
Phone: (503) 310-2033	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Greenlite Handyman	
Contact name: Bill Wiley	
Address: 13110 SW Burlwood St	
City/State/ZIP: Beaverton, OR 97005	
Phone: (503) 688-9234	Fax:
E-mail: Greenlitehandyman@gmail.com	
CONTRACTOR	
Business name: Greenlite Handyman	
Address: 13110 SW Burlwood St	
City/State/ZIP: Beaverton, OR 97005	
Phone: (503) 688-9234	Fax:
CCB lic.: 221864	

BUILDING DIVISION: 1- AND 2-FAMILY DWELLING

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

Valuation: \$5,000.00

Number of bedrooms: 5

Number of bathrooms: 3.5

Total number of floors: 3

New dwelling area: square feet

Garage/carport area: square feet

Covered porch area: square feet

Deck area: square feet

Other structure area: square feet

REQUIRED DATA: COMMERCIAL-USE CHECKLIST

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

Valuation

Existing building area: square feet

New building area: square feet

Number of stories:

Type of construction:

Occupancy groups:

Existing:

New:

NOTICE

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

BUILDING PERMIT FEES*

Please refer to fee schedule

Fees due upon application	
Amount received	
Date received:	

Authorized signature: [Signature]

Print name: WILLIAM WILEY

Date: 08/18/2020

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

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

Form 870-1001 REV 11/19



Building Permit Application

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

OFFICE USE ONLY	
Date Received: 07/24/2020	Permit No.: B2018-3163
Date Issued: 7/31/2020	By: [Signature]
CITY OF BEAVERTON BUILDING DIVISION	
Payment Type:	

TYPE OF WORK	
<input checked="" type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 17142 SW Woodpecker Lane	
City/State/ZIP: Beaverton Oregon	
Suite/bldg./apt. no.:	Project name: South Cooper Mtn Hts
Cross street/directions to job site:	
Subdivision: South Cooper Mountain Hts	Lot no.: 25
Tax map/parcel no.:	
DESCRIPTION OF WORK	
New SFR	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Everett Custom Homes	
Address: 3330 NW Yeon Ave, Suite 100	
City/State/ZIP: Portland, OR 97210	
Phone: (503) 726-7060	Fax:
E-mail: angie@everetthomesnw.com	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Everett Custom Homes	
Contact name: Angie Cook	
Address: 3330 NW Yeon Ave, Suite 100	
City/State/ZIP: Portland, OR 97210	
Phone: (503) 726-7042	Fax:
E-mail: permits@everetthomesnw.com	
CONTRACTOR	
Business name: Everett Custom Homes	
Address: 3330 NW Yeon Ave, Suite 100	
City/State/ZIP: Portland, OR 97210	
Phone: (503) 726-7060	Fax:
CCB lic.: 189447	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$171,000
Number of bedrooms:	2
Number of bathrooms:	2.5
Total number of floors:	3
New dwelling area:	1369 square feet
Garage/carport area:	296 square feet
Covered porch area:	0 square feet
Deck area:	102 square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	
Amount received	
Date received:	

Authorized signature: <i>Angie Cook</i>	Date:
Print name: Angie Cook	07/22/20

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

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

Form B70-1001 REV 11/19



Building Permit Application

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

OFFICE USE ONLY	
Date Received: 07/24/2020	Permit No.: B2018-3164
Date Issued: 9/3/2020	By: [Signature]
CITY OF BEAVERTON BUILDING DIVISION	
Payment Type:	

TYPE OF WORK	
<input checked="" type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 17146 SW Woodpecker Lane	
City/State/ZIP: Beaverton Oregon	
Suite/bldg./apt. no.:	Project name: South Cooper Mtn Hts
Cross street/directions to job site:	
Subdivision: South Cooper Mountain Hts	Lot no.: 26
Tax map/parcel no.:	
DESCRIPTION OF WORK	
New SFR	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Everett Custom Homes	
Address: 3330 NW Yeon Ave, Suite 100	
City/State/ZIP: Portland, OR 97210	
Phone: (503) 726-7060	Fax:
E-mail: angie@everetthomesnw.com	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Everett Custom Homes	
Contact name: Angie Cook	
Address: 3330 NW Yeon Ave, Suite 100	
City/State/ZIP: Portland, OR 97210	
Phone: (503) 726-7042	Fax:
E-mail: permits@everetthomesnw.com	
CONTRACTOR	
Business name: Everett Custom Homes	
Address: 3330 NW Yeon Ave, Suite 100	
City/State/ZIP: Portland, OR 97210	
Phone: (503) 726-7060	Fax:
CCB lic.: 189447	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$171,000
Number, of bedrooms:	2
Number of bathrooms:	2.5
Total number of floors:	3
New dwelling area:	1369 square feet
Garage/carport area:	296 square feet
Covered porch area:	0 square feet
Deck area:	102 square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	
Amount received	
Date received:	

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

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

Authorized signature: <i>Angie Cook</i>	Date:
Print name: Angle Cook	07/22/20



Building Permit Application

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

OFFICE USE ONLY	
Date Received: 07/24/2020	Permit No.: B2018-3165
Date Issued: 9/4/2020	By: [Signature]
CITY OF BEAVERTON BUILDING DIVISION	
Payment Type:	

TYPE OF WORK	
<input checked="" type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 17156 SW Woodpecker Lane	
City/State/ZIP: Beaverton Oregon	
Suite/bldg./apt. no.:	Project name: South Cooper Mtn Hts
Cross street/directions to job site:	
Subdivision: South Cooper Mountain Hts	Lot no.: 28
Tax map/parcel no.:	
DESCRIPTION OF WORK	
New SFR	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Everett Custom Homes	
Address: 3330 NW Yeon Ave, Suite 100	
City/State/ZIP: Portland, OR 97210	
Phone: (503) 726-7060	Fax:
E-mail: angie@everetthomesnw.com	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Everett Custom Homes	
Contact name: Angie Cook	
Address: 3330 NW Yeon Ave, Suite 100	
City/State/ZIP: Portland, OR 97210	
Phone: (503) 726-7042	Fax:
E-mail: permits@everetthomesnw.com	
CONTRACTOR	
Business name: Everett Custom Homes	
Address: 3330 NW Yeon Ave, Suite 100	
City/State/ZIP: Portland, OR 97210	
Phone: (503) 726-7060	Fax:
CCB lic.: 189447	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$191,000
Number of bedrooms:	2
Number of bathrooms:	2.5
Total number of floors:	3
New dwelling area:	1542 square feet
Garage/carport area:	536 square feet
Covered porch area:	0 square feet
Deck area:	126 square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	
Amount received	
Date received:	

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

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

Authorized signature: <i>Angie Cook</i>	Date:
Print name: Angle Cook	07/22/20



Building Permit Application

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

OFFICE USE ONLY	
Date Received: 07/24/2020	Permit No.: B2018-3141
Date Issued: 9/13/2020	By: [Signature]
CITY OF BEAVERTON BUILDING DIVISION	
Payment Type:	

TYPE OF WORK	
<input checked="" type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 17152 SW Woodpecker Lane	
City/State/ZIP: Beaverton Oregon	
Suite/bldg./apt. no.:	Project name: South Cooper Mtn Hts
Cross street/directions to job site:	
Subdivision: South Cooper Mountain Hts	Lot no.: 27
Tax map/parcel no.:	
DESCRIPTION OF WORK	
New SFR	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Everett Custom Homes	
Address: 3330 NW Yeon Ave, Suite 100	
City/State/ZIP: Portland, OR 97210	
Phone: (503) 726-7060	Fax:
E-mail: angie@everetthomesnw.com	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Everett Custom Homes	
Contact name: Angie Cook	
Address: 3330 NW Yeon Ave, Suite 100	
City/State/ZIP: Portland, OR 97210	
Phone: (503) 726-7042	Fax:
E-mail: permits@everetthomesnw.com	
CONTRACTOR	
Business name: Everett Custom Homes	
Address: 3330 NW Yeon Ave, Suite 100	
City/State/ZIP: Portland, OR 97210	
Phone: (503) 726-7060	Fax:
CCB lic.: 189447	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$171,000
Number of bedrooms:	2
Number of bathrooms:	2.5
Total number of floors:	3
New dwelling area:	1369 square feet
Garage/carport area:	296 square feet
Covered porch area:	0 square feet
Deck area:	102 square feet
Other structure area:	square feet

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

NOTICE

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

--

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

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

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

Authorized signature: <i>Angie Cook</i>	Date:
Print name: Angie Cook	07/22/20

Building Permit Application

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



OFFICE USE ONLY	
Date Received: 09/03/20	Permit No.: B2020-3192
Date Issued: 09/03/20	By: <i>[Signature]</i>
Payment Type: N/A	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input checked="" type="checkbox"/> Other: Temporary Approval
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 11200 S.W. Murray Scholls Place	
City/State/ZIP: Beaverton, OR 97007	
Suite/bldg./apt. no.: 103	Project name: Murrayhill Martial Arts
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Temporary use of an existing martial arts center as a skill development center through 06/30/21 to support community and Beaverton School District through the Covid 19 crisis.	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Murrayhill Martial Arts	
Contact name: Kaari Tattar	
Address: 11200 S.W. Murray Scholls Place, Suite 103	
City/State/ZIP: Beaverton, OR 97007	
Phone: (503) 806-1375	Fax:
E-mail: kaari.tkd@gmail.com	
CONTRACTOR	
Business name: N/A (No construction work proposed)	
Address:	
City/State/ZIP:	
Phone:	Fax:
CCB lic.:	

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

Authorized signature:	
Print name:	Date:

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

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



Building Permit Application

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

OFFICE USE ONLY	
Date Received: 07/13/2020	Permit No.: B2020-2435
Date Issued: 9/3/2020	By: [Signature]
Payment Type:	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 7110 SW 167th place	
City/State/ZIP: Beaverton, Oregon 97007	
Suite/bldg./apt. no.:	Project name: Door/Window
Cross street/directions to job site: SW Cynthia St	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Install new front door with window above. Install window in bedroom.	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Scott Klemp	
Address: 7110 SW 167th place	
City/State/ZIP: Beaverton, Oregon 97007	
Phone: (503) 901-1073	Fax:
E-mail: scottklemp1138@gmail.com	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name:	
Contact name: same as above	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
CONTRACTOR	
Business name: Hurtado Custom Remodeling	
Address: PO box 1781	
City/State/ZIP: Beaverton, Oregon 97075	
Phone: (503) 367-7278	Fax:
CCB lic.: 212140	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$8000
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet

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

NOTICE

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

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

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

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

Authorized signature:	Date:
Print name:	

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Building Permit Application

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



OFFICE USE ONLY	
Date Received: 09/27/2019	Permit No.: B2019-4082
Date Issued: 9/29/2019	BY: [Signature]
CITY OF BEAVERTON BUILDING DIVISION	
Payment Type:	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 9155 SW Canyon Road	
City/State/ZIP: Portland, OR 97225	
Suite/bldg./apt. no.:	Project name: Buick GMC Svc Dpt Reno
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Remodeling the service area of the showroom, restrooms and customer lounge. Includes existing restrooms will be remodeled to meet accessibility standards. A portion of the existing storage area and second floor will be removed to allow the first floor to have a higher ceiling.	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Lithia Buick GMC - Eric Trueblood	
Address: 9155 SW Canyon Road	
City/State/ZIP: Portland, OR 97225	
Phone: (877) 711-4246	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: Western Construction Services	
Contact name: Pam Deegan	
Address: 2300 E. 3rd Loop, Ste. 110	
City/State/ZIP: Vancouver, WA 98661	
Phone: (360) 953-8517	Fax: (360) 694-7818
E-mail: pam@westernconstruction.com	
CONTRACTOR	
Business name: Western Construction Services	
Address: 2300 E. 3rd Loop, Ste. 110	
City/State/ZIP: Vancouver, WA 98661	
Phone: (360) 953-8517	Fax: (360) 694-7818
CCB lic.: 63717	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$340,000
Existing building area: Area of work	square feet 3850
New building area: Area of work	square feet 3850
Number of stories:	2
Type of construction:	V-B (Assumed)
Occupancy groups:	
Existing:	B
New:	B - No Change to Occupancy
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	\$3,231.43
Amount received	
Date received:	

Authorized signature: <i>Pamela A. Deegan</i>	Date:
Print name: Pamela A. Deegan	09/27/19

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

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

Form B70-1001 REV 2/14



Building Permit Application

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

OFFICE USE ONLY	
Date Received: 07/13/2020	Permit No.: B2020-2433
Date Issued: 9/13/2020	By: [Signature]
CITY OF BEAVERTON BUILDING DIVISION	
Payment Type:	

TYPE OF WORK	
<input checked="" type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input checked="" type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 4605 SW Main Ave	
City/State/ZIP: Beaverton, OR 97005	
Suite/bldg./apt. no.:	Project name: Mary Ann
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Fire sprinkler systems for new apartments	
<input type="checkbox"/> PROPERTY OWNER	<input checked="" type="checkbox"/> TENANT
Name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: Crown Fire Systems, Inc	
Contact name: Kristina Leonetti	
Address: 7402 SE Johnson Creek Blvd	
City/State/ZIP: Portland, OR 97206	
Phone: (503) 777-5030	Fax: (503) 777-0659
E-mail: kristina@crownfiresystems.com	
CONTRACTOR	
Business name: Crown Fire Systems, Inc	
Address: 7402 SE Johnson Creek Blvd	
City/State/ZIP: Portland, OR 97206	
Phone: (503) 777-5030	Fax: (503) 777-0569
CCB lic.: 163820	

Authorized signature: [Signature]	Date:
Print name: Kristina Leonetti	07/10/20

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	123,000.00
Existing building area:	square feet
New building area:	69,870 square feet
Number of stories:	4
Type of construction:	Multi Family
Occupancy groups:	Residential
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	\$616.08
Amount received	
Date received:	

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

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

Form B70-1001 REV 11/19

Building Permit Application

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



OFFICE USE ONLY	
Date Received: 08/04/2020	Permit No: B2020-2797
Date Issued: 9-1-20	By: HK
CITY OF BEAVERTON BUILDING DIVISION	
Payment Type: MC	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 11360 SW CANYON RD	
City/State/ZIP: BEAVERTON, OR 97005	
Suite/bldg./apt. no.:	Project name: KUBA GRILL
Cross street/directions to job site: Hwy 217	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
UPGRADE FIRE SPRINKLER SYSTEM	
<input type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: FIRE EXTINGUISHER SERVICE CENTER	
Contact name: SEAN FITZPATRICK	
Address: 3460 SW 209TH	
City/State/ZIP: BEAVERTON, OR 97007	
Phone: 503-853-9597	Fax:
E-mail: SFITZ503@MSN.COM	
CONTRACTOR	
Business name: SAME	
Address:	
City/State/ZIP:	
Phone:	Fax:
CCB lic.:	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	1200 ⁰⁰
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet

REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	1200 ⁰⁰
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	Remodel / T.I.
Occupancy groups:	
Existing:	
New:	

NOTICE

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

BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	\$38.12
Amount received	
Date received:	

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

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

Authorized signature:	Print name: SEAN FITZPATRICK	Date: 8-3-20
<i>Sean G. Patrick</i>		

COB REVISION/TRACKING #:

REV 20-441

T X

Building Permit Application

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



OFFICE USE ONLY
Date Received: 08/10/2020
Permit No.: B2020-2724
Date Issued: 9-1-2020
By: HK
Payment Type: MC
CITY OF BEAVERTON BUILDING DIVISION

TYPE OF WORK
CATEGORY OF CONSTRUCTION
JOB SITE INFORMATION AND LOCATION
DESCRIPTION OF WORK
PROPERTY OWNER / TENANT
CONTACT PERSON
CONTRACTOR

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

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

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

Form B70-1001

REV 11/19



Building Permit Application

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

OFFICE USE ONLY	
Date Received: 08/28/2020	Permit No.: B2020-3136
Date Issued: 9-1-20	By: HK
CITY OF BEAVERTON BUILDING DIVISION	
Payment Type: MC	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 15268 NW Greenbrier Pkwy.	
City/State/ZIP: Beaverton, OR 97006	
Suite/bldg./apt. no.:	Project name: Summit Wireless T.I.
Cross street/directions to job site: NW Greenbrier Pkwy & Blue Ridge Dr	
Subdivision:	Lot no.:
Tax map/parcel no.: 1N132DB00300	
DESCRIPTION OF WORK	
Interior Tenant Improvement: minor demo on existing staff break room. Rebuild staff break room casework with new finishes. Same configuration. New IT/Server room.	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Newmark Knight Frank (Michael Goetz)	
Address: 15456 NW Greenbrier Pkwy, Suite 245	
City/State/ZIP: Beaverton, OR 97006	
Phone: (503) 972-5511	Fax:
E-mail: michael.goetz@ngkf.com	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: LRS Architects	
Contact name: Peter Kim	
Address: 720 NW Davis St, Suite 300	
City/State/ZIP: Portland, OR 97209	
Phone: (503) 221-1121	Fax: (503) 221-2077
E-mail: pkim@lrsarchitects.com	
CONTRACTOR	
Business name: Commercial Contractors, Inc	
Address: 5573 S 1st Cir.	
City/State/ZIP: Ridgefield, WA 98642	
Phone: (360) 931-4361	Fax:
CCB lic.: 123729	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed, indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$38,900
Existing building area:	31,510 square feet
New building area:	0 square feet
Number of stories:	1
Type of construction:	V-B
Occupancy groups:	B, S-1 & F-1
Existing:	B & S-1
New:	B & S-1
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	\$769.37
Amount received	
Date received:	

Authorized signature:	
Print name:	Peter Kim
Date:	08/28/20

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

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

Building Permit Application

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



OFFICE USE ONLY	
Date Received: 08/26/2020	Permit No.: B2020-3086
Date Issued: 08/21/20	BY: [Signature]
CITY OF BEAVERTON BUILDING DIVISION	
Payment Type:	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 9140 SW Hall Blvd	
City/State/ZIP: Portland, OR 97223	
Suite/bldg./apt. no.: Ste C	Project name: Banfield Pet Hospital
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Installation of Fire Alarm System - Parts and Smarts	
<input type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
<input type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: 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
CCB lic.: 227526	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	14,720.96
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	\$521.30
Amount received	
Date received:	

Authorized signature: [Signature]	Date:
Print name: Katie Harbaugh	08/21/20

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

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