

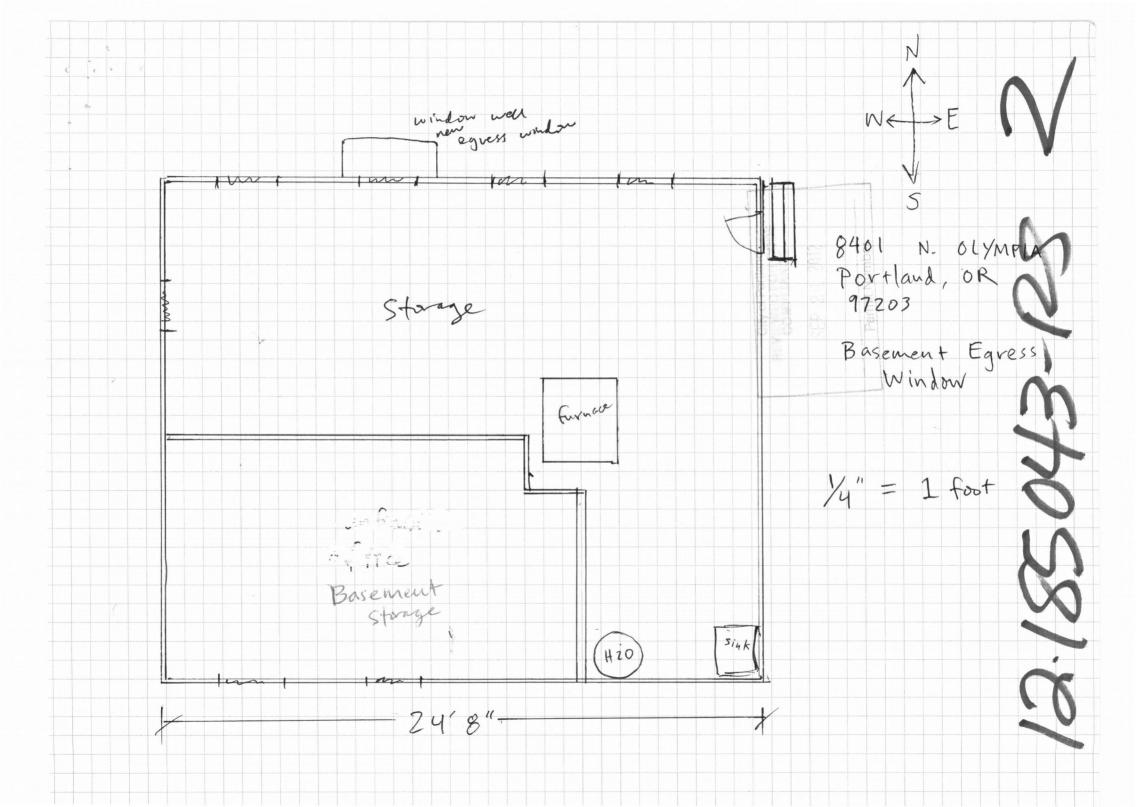


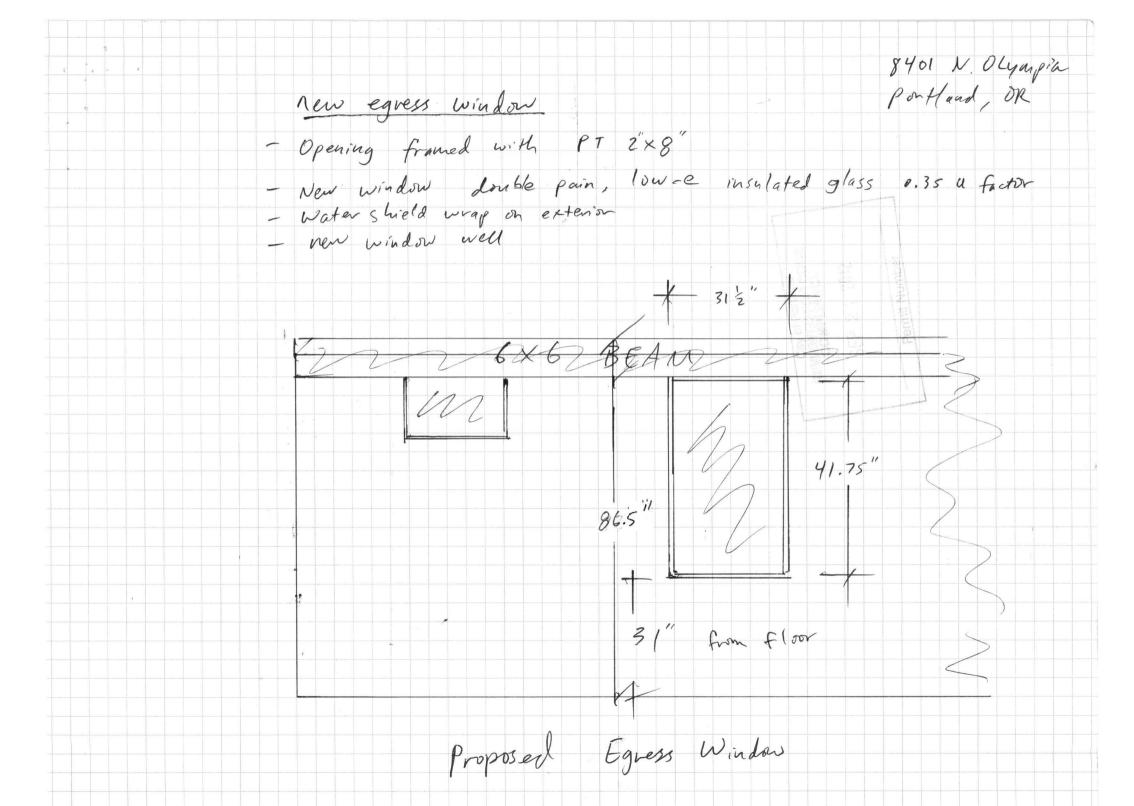


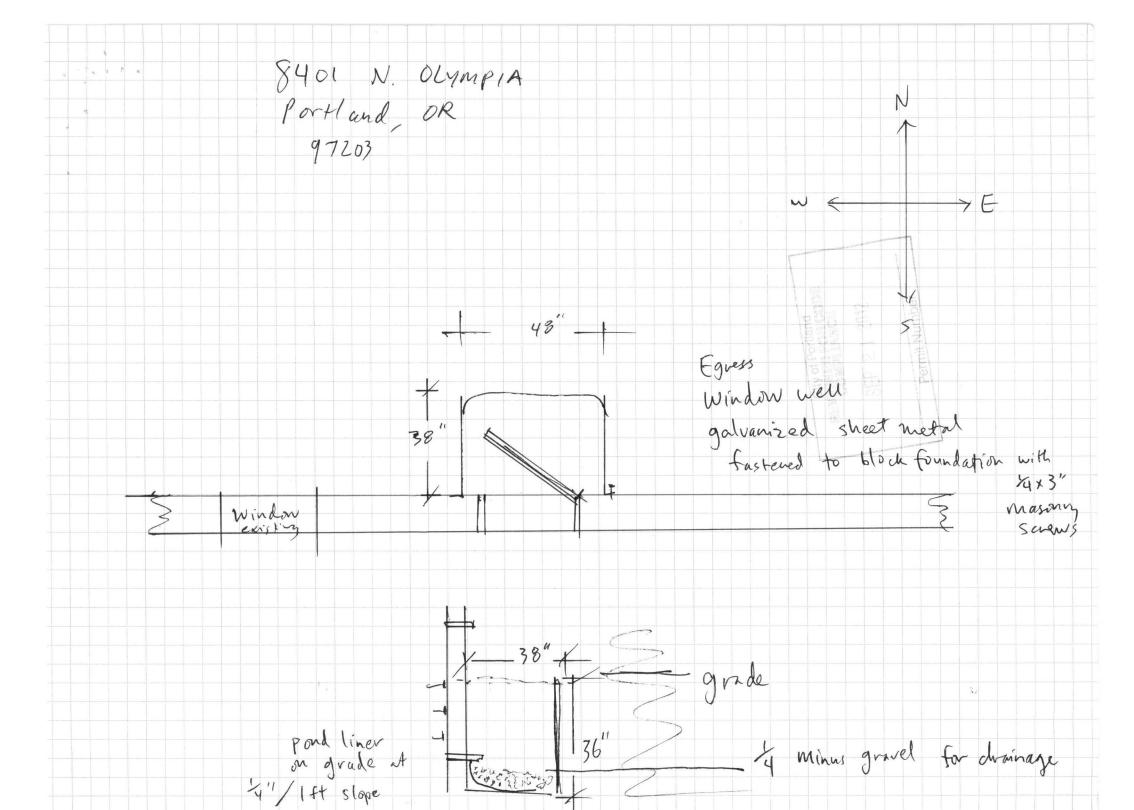
Building Permit Application

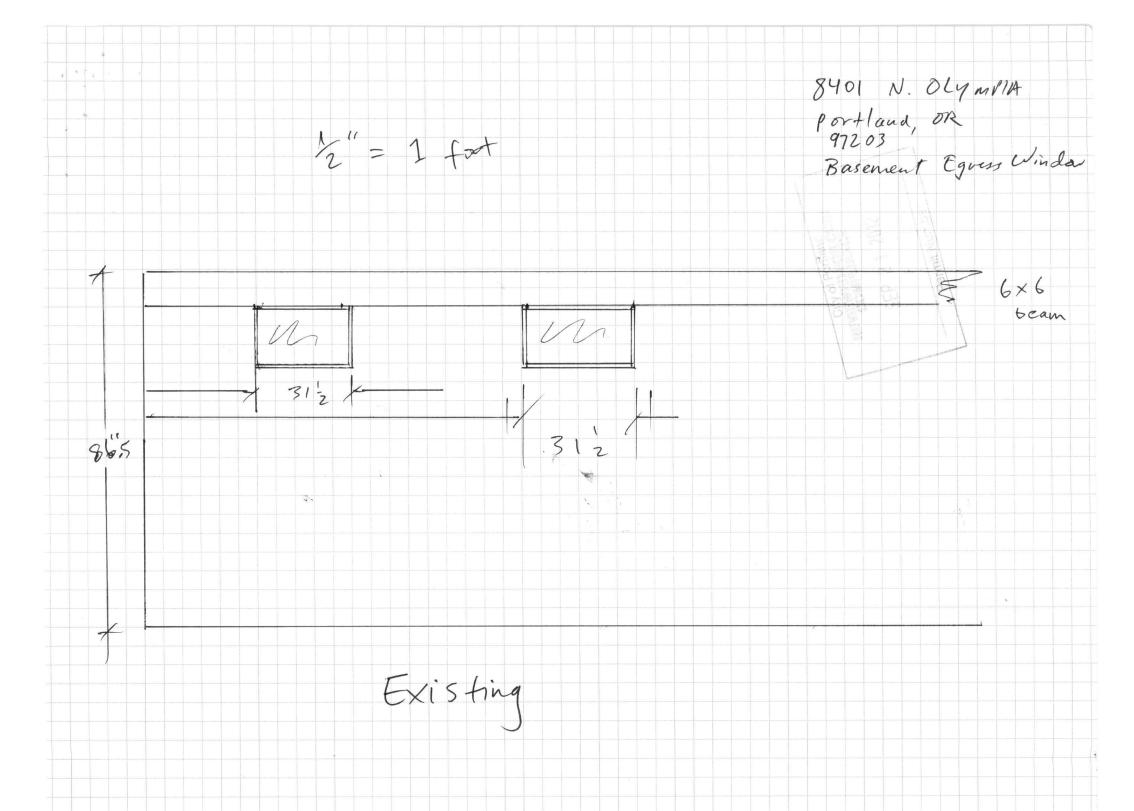
City of Portland, Oregon - Bureau of Development Services
1900 SW 4th Avenue, Portland, Oregon 97201 • 503-823-7310 • TTY 503-823-6868 • www.portlandoregon.gov/bds

Type of work	3 7			ation expires if a permit is not 80 days after it has been accepted	
☐ New construction	n 🔏 Addition/alteration/replacement			as complete.	
☐ Demolition	Office Use Only				
Category of construction	Permit no:				
△ 1 & 2 family dwelling ☐ Comm	nercial/industrial	☐ Accessory building	Date received: By:		
☐ Multifamily ☐ Maste	r builder	Other:	Loy.		
Job site information and location			Required Data: C	ne and Two Family Dwelling	
Job no.: Job address: 84	OI N. OLY	Impia		ed on the value of the work per-	
City/State/ZIP: Portland	OR, 972	-03 ent Egress Window	of all equipment, ma	value (rounded to the nearest dollar) terials, labor, overhead, and the profit d on this application.	
Suite/bldg./apt. no.: Project na	ame: Basem	ent Egress Window	Valuation:	1200	
		and N. Charleston	Number of bedrooms:	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
) 1		Number of bathrooms:		
Subdivision:	Lot no.	Tax map/parcel no.	Total number of floors:		
Description of work			New dwelling area:	square feet	
Install new bases	neut egres	we low	Garage/carport area:	square feet	
	grap.	W LAND	Covered porch area:	square feet	
			Deck area:	square feet	
			Other structure area:	square feet	
	Permit no.		Required Data: C		
Reference RS / Combination		ed on the value of the work per- value (rounded to the nearest dollar)			
Name: Ocelun Skrea	Tenant			terials, labor, overhead, and the profit	
0 11 11 11 11	9		Valuation:		
Address: 8401 N. Olymp City/State/ZIP: Intland OA	ia		Existing building area:	square feet	
City/State/ZIP: (M Hand OK	2, 97203		New building area:	square feet	
Phone: 503 - 680 - 257/	FAX:		Number of stories:		
Owner installation: This installation is being made	on property that I own,	which is not intended for sale, lease, rent,	Type of construction:		
or exchange. Owner signature:		Date:	Occupancy groups		
Contractor	And well	Dato.	end Existing:		
Business name:		HEVIEWEY I COMPLI	R CODE New:		
		Grana com	Notice	ubcontractors are required to be	
Address:		SEP 8 i	licensed with the Ore	gon Construction Contractors Board	
City/State/ZIP:			under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the appli-		
Phone:	FAX:		cant is exempt from licensing, the following reasons apply.		
CCB lic. no.		Permit N	E CO 1 1 For Co 1		
Authorized signature:					
Print name:		Date:		certify that the facts and information set are true and complete to the best of	
X Applicant	my knowledge. I understand that any falsification, misrepresentation or omission of fact (whether intentional or not) in this				
Business name:		t Person	application or any other	r required document, as well as any	
		misleading statement or omission, may be cause for revoca- tion of permit and/or certificate of occupancy, regardless of			
Contact name: Jacob Mooney)		how or when discovered	ed.	
Address: 1811 S.E. 32nd	PL		Building Permit F	ees*	
City/State/ZIP: Portland, 0	Please refer to fee schedule				
Phone: 503 - 750 - 3811	Fees due upon a				
E-mail: daimondjake@gn		t received			
h			Date	received	
Authorized signature:	_	al 1 a	Sub-contractor infor	mation can be faxed to 503-823-7693.	
Print name: Jacob Mooney		Date: 9/20/12			









8401 N. OLympia Portland, OR 97203 \$ 6x6 beam existing basement window 86.5" Existing



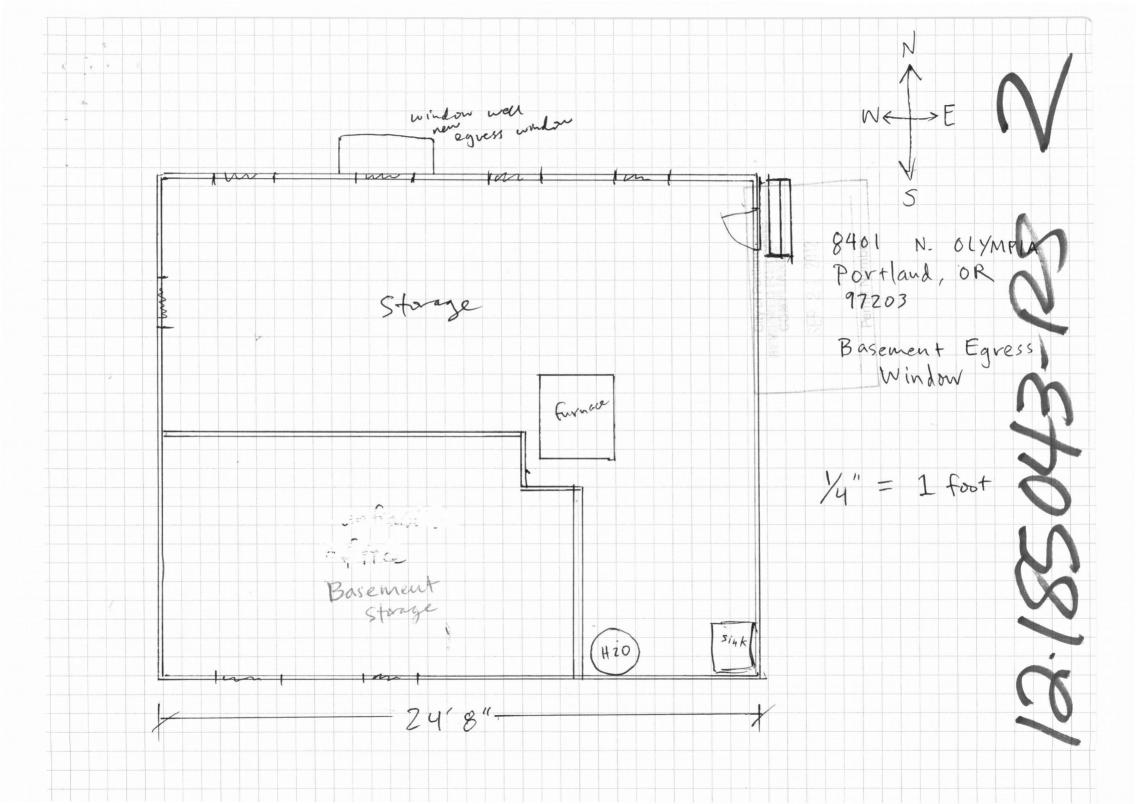
Building Permit Application

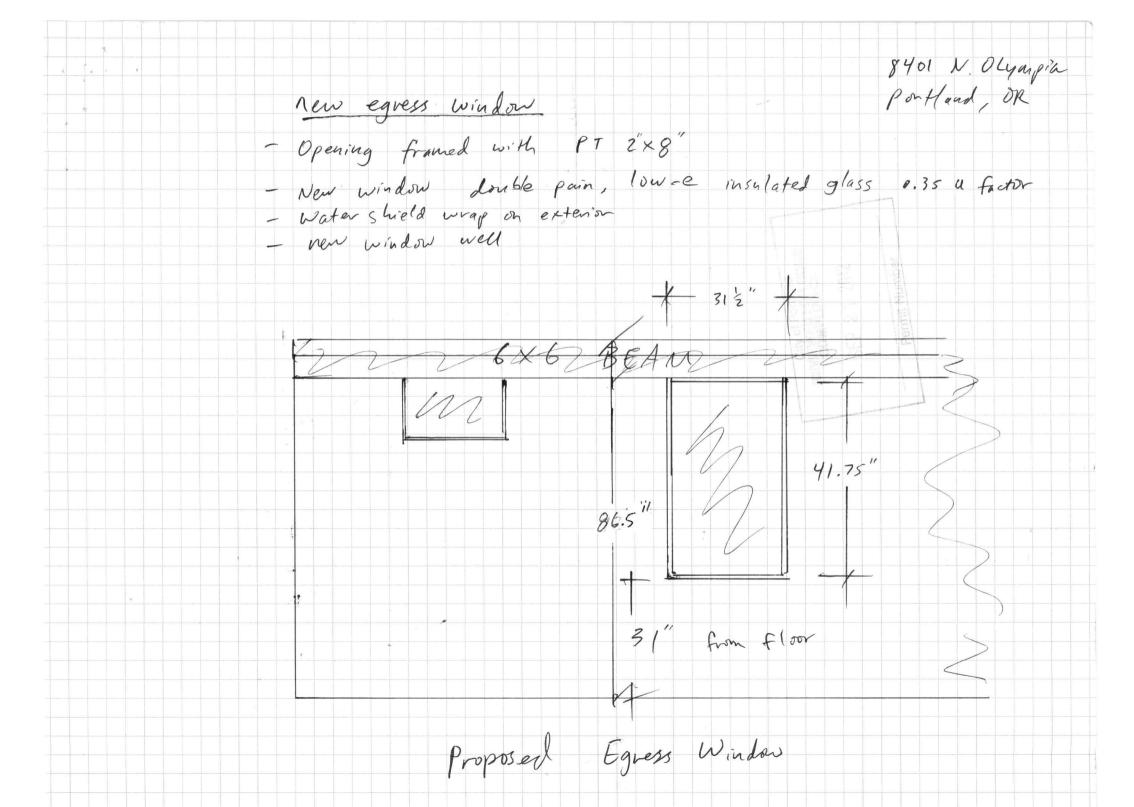
City of Portland, Oregon - Bureau of Development Services

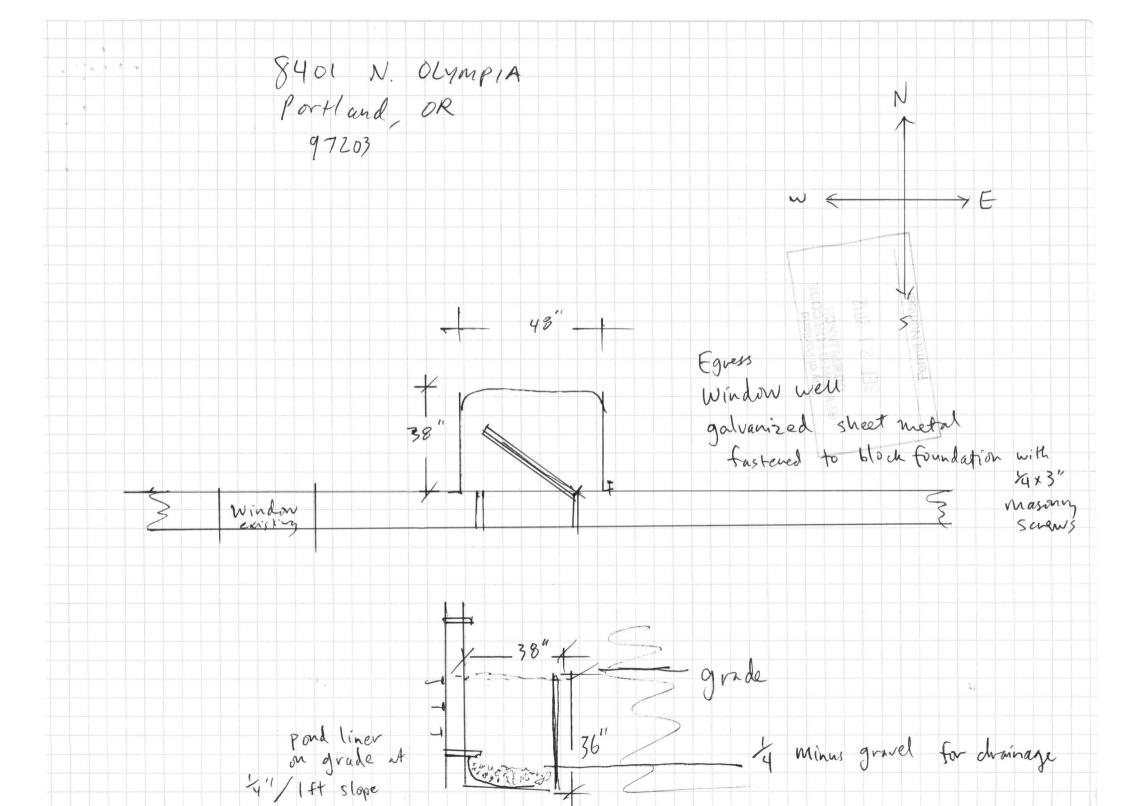
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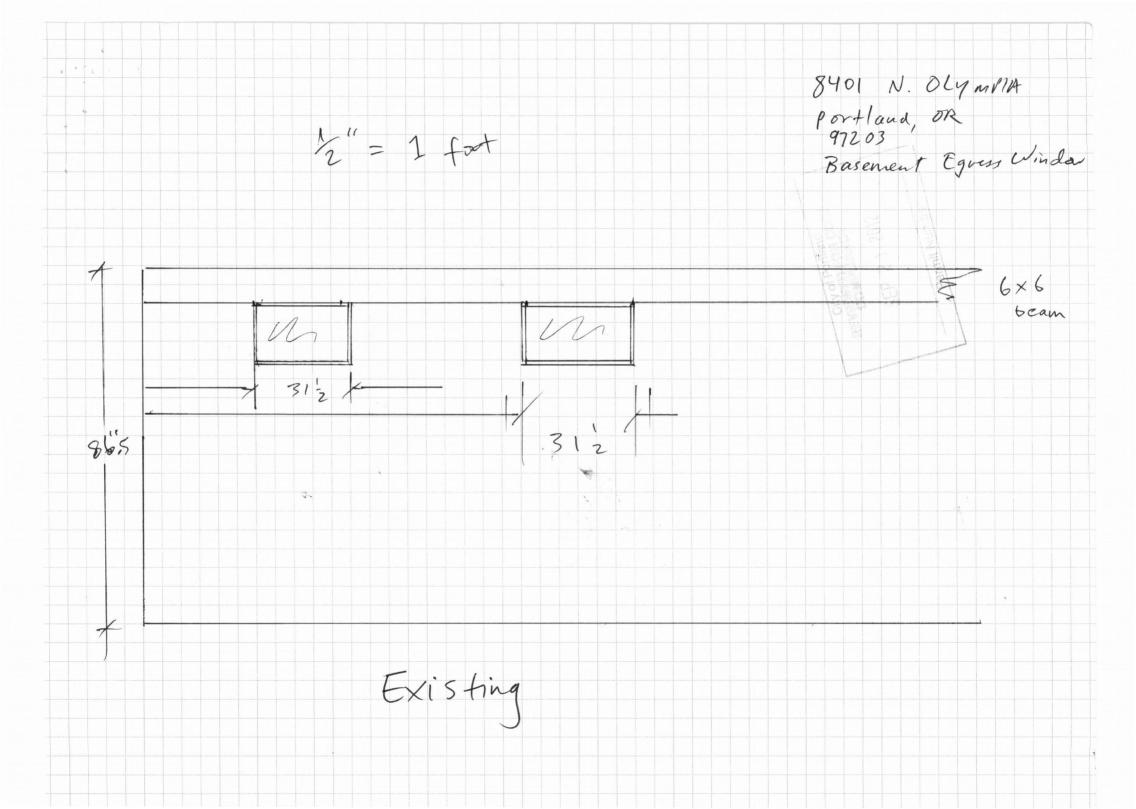
Type of work			This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete.		
☐ New construction	Addition/alter				
☐ Demolition	Other:	CONTROL OF THE PARTY OF THE PAR	Office Use Only		
Category of construction			Permit no: Date received:		
△ 1 & 2 family dwelling	☐ Commercial/industrial	Accessory building	By:		
☐ Multifamily	☐ Master builder	Other:			
Job site information and lo				ne and Two Family Dwelling	
Job no.: Job addr	77.0	ympia	formed Indicate the v	ed on the value of the work per- value (rounded to the nearest dollar	
City/State/ZIP: Povr	(and, OR, 97	203 neut Egress Windo	of all equipment, mate for the work indicated	erials, labor, overhead, and the pro	
			Valuation:	1,200	
Cross street/directions to job site	e: N. Olympia	and N. Charleston	Number of bedrooms:		
	<i>,</i> , ,		Number of bathrooms:		
Subdivision:	Lot no.	Tax map/parcel no.	Total number of floors:		
Description of work			New dwelling area:	square	
Install new	basement egver	o window	Garage/carport area:	square	
	J		Covered porch area:	square	
			Deck area:	square f	
			Other structure area:	square	
			Processor State of the State of	Required Data: Commercial Use	
Reference RS / Combination			Permit fees* are based on the value of the work per- formed. Indicate the value (rounded to the nearest dollar		
Name: Jocely n Address: 8401 N. City/State/ZIP: for Hand	S kreu a	nt.	of all equipment, mater for the work indicated	erials, labor, overhead, and the prof on this application.	
Address: QUD1 .1	21		Valuation:		
City/State/7ID: Ros Hand	Olympia (222)		Existing building area:	square f	
City/State/ZIP: 114 7 (au)	OR, 9120	3	New building area:	square f	
Phone: 503 - 680 - 2			Number of stories:		
Owner installation: This installation i or exchange.	s being made on property that I own	n, which is not intended for sale, lease, re	1		
Owner signature:		Date:	Occupancy groups Existing:		
Contractor			RCODE New:		
Business name:		REVIEWE	Notice New.		
Address:		2,2012	All contractors and su	bcontractors are required to be	
City/State/ZIP:		31.1		on Construction Contractors Board hay be required to be licensed in th	
			jurisdiction in which w	iurisdiction in which work is being performed. If the appli-	
Phone:	FAX:	Permit	- total state of the state of t	censing, the following reasons appl	
CCB lic. no.		Representation for the residence of the	Sold-William to the control and and an annual control and an annual control and an annual control and annual control and an annual control and an annual control and an annual control and annual control annual control and annual control ann		
Authorized signature:			Statement of Fact: c	certify that the facts and information s	
Print name:		forth in this application	forth in this application are true and complete to the best of my knowledge. I understand that any falsification, misrepresentation or omission of fact (whether intentional or not) in this		
Applicant	☐ Conta				
Business name:				required document, as well as any omission, may be cause for revoca-	
Contact name: Jacob	Mooney		tificate of occupancy, regardless of		
	32nd 96		Building Permit Fe		
			Please refer to fee schedule		
10.1.4			Fees due upon application		
Phone: 503 - 750 - 3811 FAX:			Amount	received	
E-mail: daimondjak	e@gmail.com	Date	received		
Authorized signature:	Vi		Sub-contractor inform	nation can be faxed to 503-823-769	
	nooney	Date: 9/20/12	Sub-contractor inform	iditori cari pe laxed to 303-023-/09	

12-185043









8401 N. OLympia Portland, OR 97203 6×6 beam existing basement window 68.5 86.5" Existing