

#### CITY OF PORTLAND, OREGON - BUREAU OF DEVELOPMENT SERVICES



1900 SW Fourth Avenue • Portland, Oregon 97201 • 503-823-7300 • www.portlandoregon.gov/bds

# Application for New Single Family Residential Construction (One or Two Units)

What type of home(s) a	re you building	?	
Single family residence	☐ Duplex ☐	Townhouses on individual lots	☐ Townhouses on shared lots
☐ Floating home	☐ Manufactured	home on its own lot	
☐ Detached accessory dwe	lling unit (ADU)	Other:	
Code and are either located	on a single tax lot or	t to the Oregon Residential Special r attached to eath other, you will a Services at 503-823-7357 for more	
Applicant Information  Company Name Faste	Permits		
Contact Person Dan	Williams		
Mailing Address 1433	4 NW E	agleridge la.	
City P.OX	8	State OR	Zip Code 97229
Office Phone	Cell Phone	e(503)819-7754 F	AX
Email dan @ Past	terperm	its.com	*
_ot Owner Name_ <i>H_Huds</i>			
Mailing Address 9700 5	w Capital	Hwy #100	
city Portland		State OR	Zip Code <u>972/9</u>
Contractor Name HHuds	n Homes	·CC	B# 205514
roject Information			
Tax account number: R_1314	408	If you do not know the tax ac Multnomah County at 503-98	
Cross streets: N Congress		Tax lot number:	,
Plat name/number (entral A	Ibina Add Bloc	the state of the s	Qtr section #:
UNIT! \unit2	sq.ft. Basement	· 1.	ge/carport: 261 256 sq.ft.
Is there a detached garage/car	port or other access	sory structure being built?	yes 💆 no
ls there an existing house on t	he lot that will be de	emolished?	no
Land Use Review case numbe	rs:15-2828	807- FP	
Plan designer/architect name:	Benjamin Wae	chter Architecture Plan	1#
Has BDS permitted this design		es no enit	
Do you plan on juil ing the sai	me hous play gai	in?	sure
s this a Master Ho see 1/1?	D es D	p MHP#	12/16
	· Carrier of		





W-3

Phone 503-823-7368 • Email devrev@portlandoregon.gov

Page 1 of 2

Why complete this form? The Portland Water Bureau uses this form to determine size of meter and service branch, installation fees, and meter location. Complete details help expedite your request for water service permit and service installation. You must complete pages 1 and 2.

Who should use this form? Applicants upgrading residential plumbing, or building an accessory dwelling unit or new home.

## What do I do with the completed form?

Mail it to: Portland Water Bureau Development Services 1120 SW 5<sup>th</sup> Ave, Rm 600 Portland, OR 97204

Bring it to our office: 1900 SW 4<sup>th</sup> Avenue Development Services Center (first floor)

For hours of operation call 503-823-7310, select option 1

Email it to: devrev@portlandoregon.gov

#### Questions?

Portland Water Bureau Development Services Phone 503-823-7368

#### Sewer Connection Questions

Bureau of Environmental Services Sewer Hotline Phone 503-823-7761

See the "Water at Your Service" form for information about new and upgraded services, how to complete this form, determine water service size, fees, scheduling and installing water services.

F	*						
Today's date		Building Permit Number					
6/13/16	16-181445 54	-R5					
Service Instal	llation Inform	,					
Applicant Name		Daytime Tele	phone Nun	nber			
Dan Williams (503) 819-7754							
Site Address, City,		. /					
4705 N Congr	ess Ave (Trac	t 1)/471/ N Congress Ave Legal description (lot & block)	(Tract )	2)			
Multnomah County	legal number	Legal description (lot & block)					
R64967-2820 (Tr	mt 2)	entral Albina Add, BLOCK 6	, Lot 4	,			
	☐Single-family						
Dwelling type		☐ Townhouse ☐ Accessory Dv	welling Un	it (ADU)			
(check one)	If a duplex, individual m	townhouse, or ADU, do you want eters?	Yes	□ No			
Does the lot curre	Does the lot currently have water service?						
Is the service to i	pe installed in a p	aved street?	Yes Yes	□ No			
	Will the service branch cross a stormwater facility – either a landscaped swale or concrete planter?						
Will you install a l	ire sprinkler syste	em?	☐ Yes	No D			
If yes, what are the flow needs (gallons per minute - GPM)? GPM							
Will the meter be installed in the driveway area?  (Avoid driveway if possible.)							
Is there a Public V	Vorks Improveme	nt Project?	☐ Yes	X No			
		er date you must notify Water -823-7368 prior to service	#				
nstallation.							

#### Complete the Water Meter Sizing Worksheet (Residential) on page 2.

#### **Scheduling and Installing Water Services**

Call Portland Water Bureau Scheduling Services at 503-823-1526 when you are ready to install the service.

- Provide the address, building permit number or IVR number, and a PDOT-approved Street Improvement Plan number, if known.
- Indicate whether or not the supply line on private property will be metallic or plastic.
- The applicant is responsible for identifying the location for proposed service installation; the applicant is responsible for ensuring the proposed service installation location conforms with the requirements of Title 21, Water and Title 11, Trees.
- Service will be installed within 15 working days from date of scheduling.

# How do I know my water meter is the right size?

You'll want a water meter and service branch that adequately serves your household water needs. The Portland Water Bureau uses American Water Works Association and Uniform Plumbing Code guidelines to establish meter size.

How to compute values Column A describes fixture types

#### Column B

Enter the number of fixtures in single family dwelling or housing unit 1.

#### Column C

If a duplex or ADU, enter the number of fixtures in the second housing unit. ADU fixtures must be entered separately in this column.

#### Column D

Add columns B and C. Enter the sum in this column.

#### Column E

Contains the fixture value. This value is based on the volume capacity of typical plumbing fixtures.

#### Column F

Multiply Column D (sum) times the values in Column E (D x E).

Enter the results for each fixture in Column F.

Add numbers in Column F to determine Grand Total Fixture Value (GTF Value).

Refer to the chart for meter size and costs.

\*If your structure requires a fire sprinkler system, it may trigger an additional review for proper meter size.

The applicant is responsible for identifying the location for proposed service installation; te applicant is responsible for ensuring the proposed service installation location conforms with the requirements of Title 21, Water and Title 11, Trees.

# Water Meter Sizing Worksheet (Residential)

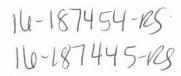
Include existing and planned plumbing fixtures B C A For If a Duplex or Total Unit 1) **Fixture** Add Office ADU, Unit 2 ixtures **Fixture Fixture Type** Fixtures Value Use Value Enter Qty Enter Qty Sum D (sum) x E WITHUWIT Bathroom or Bar 5 1.0 Sink | | | | Bathtub or 4 4.0 Tub/Shower Clothes Washer 4.0 1.5 Dishwasher 2.5 Hose Bib, first 2.5 2.5 Hose Bibs, each 1.0 additional Kitchen Sink 1.5 1.5 1.5 Laundry or Service 1.5 Shower, Standalone 2.0 2 2.5 7,5 Toilet | | | **Grand Total Fixture Value (GTF Value)** 

#### **Applicant's Authorization**

Name of Authorized Signer  Dan William 5	Building Permit Number
Signature William	
Company Name Faster Permits	Date

Meter Size Required\*

GTF Valu	e, Meter Sizes & July 1, 20	Typical Water S 15– June 30, 20		osts
GTF Value	Meter Size	System Development Charge	Installation with Paving	Total
0 - 22	5/8"	\$2,337		\$7,922
22.5 - 37	3/4"	\$3,505	\$5,585	\$9,090
37.5 - 89	. 1"	\$5,842		\$11,427



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

Type of work			This permit application e			
■ New construction ·	Addition/alteration/	replacement	obtained within 180 days as complete.	arter it nas	been acce	pted
☐ Demolition ☐	Other:		Plan Review			
Category of construction			Please check all that apply			
1 & 2 family dwelling Commercia	l/industrial	☐ Accessory building	☐ Fire pump	D Building	over three stor	ies
☐ Multifamily ☐ Master build		Other:	Emergency system		r feeder 600 a	
Job site information and location	201	as other.	Addition of new motor load of	or over		2
, ,	ongress	N Blandena	100 HP or more Patient area health care facility		dal use agricul	itural
City/State/ZIP:	rigicas	p pigracive	Hazardous locations	Installation	of 150 KVA or	
		*	Recreational vehicle parks		ly derived syst 2, 'I-3' occupa	
Suite/bldg./apt. no.: Project name:			Marinas and boatyards	_	r feeder 400 a	
Cross street/directions to job site:			Floating buildings	or more v	where the avai	ilable
Subdivision: Lot	no.	Tax map/parcel no.	Six or more residential units		ent exceeds 1 150 volts or le:	
Description of work (example: 3 circuits	for basement r	eceptacles)	Supply over 600 volts nominal	to ground	i, or exceeds	
		•	O Voluntary plan review	14,000 au installatio	mps for all others	er
	18		Submit 2 sets of plans with any of	the above.	-	
Provide RS Permit no.			Fee Schedule			
	T		Description	Qty. Fe	e Total	. 44
Property owner	Tenant		Residential single or multifamil			
Name:	E-mail:		Includes attached garage.  1,000 sq. ft. or less	\$26	6	4
Address:			Each added 500 sq. ft. or portion	\$58		+
City/State/ZIP:		·	Limited energy, residential	\$58		2
Phone:	FAX:	•	Limited energy, multi-family	\$58	_	2
Owner installation: This installation is being made on pro		is not intended for sale, lease, rent.	Services or feeders installation, 200 amps	\$13		2
or exchange.	,		201 to 400 amps	\$19		2
Owner signature:		Date:	* 401 to 600 amps	\$25		2
Contractor	Subcontra	ctor	* 601 amps to 1,000 amps	\$38		2
Business name: Sunlight &	lectric	Inc	* Over 1,000 amps or volts Service Reconnect Only	\$700 \$124		2
Address: 2804 NE 6	5th Aug	"D"	Temporary services or feeders i			dior
City/State/ZIP: \/ \( \alpha \) CON \( \alpha \)	100 9	0001	relocation 200 amps or less	\$12	2	2
Vacric Carract,	50X7. 24.5	226 0662	201 amps to 400 amps	\$184	4 .	2
Phone: 360-518-7589	FAX: 360	-326-9660	401 amps to 600 amps	\$232		2
Elec, lic, no. C230	CCB lic. no.	72549	Branch circuits - new, alteration A.Fee for branch circuits with	, or extension	on, per panel	
Metro or City lic no.	, , , , ,	Date: 6-10-2016	service or feeder fee, each branch circuit	\$13		2
Supervising electrician Signature, required:	fem th	<i>(</i> -	B.Fee for branch circuits without	1		1
Print name: Chester GARRETT	4	cense no. 17935	service or feeder fee, first branch circuit	\$112	·	2
Or M	#	00/100 110;	Each additional branch circuit	\$13		
Authorized signature: histurala	~ell	**** water 200 200 200	Miscellaneous (service or feeder  Each manufactured or modular	7	_	
Print name: CHESTER GALRETT.	Da	ate: 6-10-2016	dwelling, service and/or feeder	\$156		2
■ Applicant	Contact Pe	rson	Pump or irrigation circle Sign or outline lighting	\$99 \$99	+	2
Business name:			Signal circuit(s) or limited-energy	\$99	<del>-</del>	2
Contact name:			panel, alteration, or extension.  Describe:	$\bot\bot$		4
Address:			Hourly rate:	\$142		$\overline{}$
			Each additional inspection over		_	oove
City/State/ZIP:			Per inspection	\$ 97		$\Box$
Phone:	FAX:	×	Investigation fee Other	+	<del> </del>	H
E-mail:			Electrical permit fees*			
S Combo Permit/No Fees Due	•			Subtota	al	
	O-4- D-1-4-10	roo ooo 7000	Plan review (25% o	of permit fee	9)	
rade Permit Questions503-823-7363		uestions503-823-7388	State surcharge (12% o	of permit fee	)	
esidential Combo permit subcontractor submiti -mailed to BDSSublabels@portlandoregon.gov.	lais only can be far	xeu to 503-823-7693 01	TOTAL F	PERMIT FEI	E	

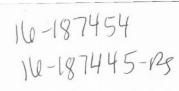




MECHANICAL PERMIT APPLICATION
City of Portland, Oregon - Bureau of Development Services
1900 SW 4th Avenue, Portland, Oregon 97201 · 503-823-7300 · TTY 503-823-6868 · www.portlandoregon.gov/bds

16-18745	4-RS
16-18744	5-Ng

Type of work		This permit application expire				
☑ New construction	☐ Addition/alterat	obtained within 180 days after as complete.	it has bee	en acc	cepted	
☐ Demolition	Other:		Commercial Fee Schedule -	llee Cha	cklic	
Category of construction		The state of the s	Mechanical permit fees* are based on the			
1 & 2 family dwelling	☐ Commercial/industrial	☐ Accessory building	performed. Indicate the value (rounded	to the neare	est dolla	ar of all
	☐ Master builder	Other:	mechanical materials, equipment, labor,	overnead a	ina proi	nt.
Job site information and loca		<b>C</b> urier.	Residential Equipment / Sys	tems Fe	es	
		. =1 0	For special information use checklist		100000000000000000000000000000000000000	
Job no.: Job addres	s: N Congress	N Blandona	Description	Qty.	Fee	Total
City/State/ZIP: Portland			Heating / cooling			
Suite/bldg./apt. no.:	Project name:	Air conditioner (site plan required)  Furnace / burner including duct work /	-	\$26		
Cross street/directions to job site:		vent / liner		\$55		
orest effect an estimate to jet effet.		Heat pump (site plan required)		\$51		
			Air handling unit		\$26	
Subdivision:	Lot no.	Tax map/parcel no.	Hydronic hot water system  Residential boiler (radiator or hydronic)		\$32	
Description of work (examp	le: upstairs bath fan/drye	er exhaust)	includes piping		\$32	
Mechanical Installation in	new SFR Trans	mex	Unit heaters (fuel type, not electric) in-wall, in-duct, suspended, etc.		\$26	
Rowhomes			Vent for appliance other than furnace		\$22	
rounies			Alteration of existing HVAC system		\$32	
			Other fuel appliances			
			Decorative gas fireplace		\$26	
Provide RS permit no.			Flue vent for water heater or gas fireplace		\$22	
Property owner	Tenant		Wood / pellet stove		\$57	
			Gas or wood fireplace / insert		\$57	
Name:	E-mail:	Chimney / liner / flue / vent Other:		\$22		
Address:			Environmental exhaust and ventilation		\$32	
City/State/ZIP:		Range hood / other kitchen equipment	THE REAL PROPERTY.	\$14		
Phone:	FAX:		Clothes dryer exhaust		\$14	
Owner installation: This installation is b		which is not intended for sale, lease, rent,	Single-duct exhaust (bathrooms, toilet compartments, utility rooms)		\$14	
or exchange.		Date:	Exhaust system apart from Heating or AC		\$22	
Owner signature:  Contractor	x Subcon		Other:		\$32	
		Gas fuel piping				
Business name: Wolcott Plumb Address: 1075 W Historic Co		nis@wolcottplumbing.com	\$15 for the first four, \$2.70 for each addit ber of fuel gas piping outlets below:	ional. Pleas	e indica	ate num-
			Furnace, etc. Gas heat pump		-	
City/State/ZIP: Troutdale/OR/9	37060		Wall / suspended / unit heater			
Phone: 503-667-1781 Ext. 3	07 FAX: 503-6	667-9891	Water heater / boiler		$\neg$	
Lic. no.	CCB lic. no.	112220	Fireplace		_	
Person !	L. Durning		Range			
Authorized signature:	- Kan brond		Barbecue			
Print name: Dennis L. Dunnin	g	Date:	Clothes dryer		$\rightarrow$	
Applicant	☐ Contact	Person	Other: Other appliances			
Business name:			Including oil tanks, gas and diesel		Barra T	
Contact name:			generators, gas and electric kilns, gas appliances / equipment not	\$	\$32	
Address:			included above			
			Mechanical permit fees	Sut	ototal	
City/State/ZIP:			Minimum	permit fee (		
Phone:	FAX:		Commercial plan review (60		-	
E-mail:			State surcharge (12			
			TOTAL	PERMIT I	FEE	







PLUMBING PERMIT APPLICATION

City of Portland, Oregon - Bureau of Development Services

1900 SW 4th Avenue Portland Oregon 972014 503-873-7363 4 TTV 503-873-8684 4 More port

1900 8	Atti Avenue, Poi	tianu, Oregon ar	201 - 505-625-7505 - 111 505-025-00	www.portiando	regon.govibus			
Type of work					application expire hin 180 days after			
New construction	□ Ac	as complete		IL IIas	been acc	epteu		
□ Demolition □ Other: Fee Schedule								
Category of construction				Description		Qty.	Fee	Total
☐ 1 & 2 family dwelling	☐ Commercial/ii	ndustrial	☐ Accessory building	New 1&2 family				
☐ Multifamily	☐ Master builde	r	Other:	(includes 100 ft. SFR (1) bath	for each utility conn	ection)	\$520	
Job site information and lo	cation			SFR (2) bath		<del>                                     </del>	\$780	
Job no.: Job addre	955.			SFT (3) bath			\$910	
	<i>N</i> (	orgress	N Blandera	Each additional ba	ath/kitchen		\$218	
City/State/ZIP:				Fire sprinkler (	sq.ft.)	Per fee	schedule	
Suite/bldg./apt. no.:	Project name:			Site utilities			400	
Cross street/directions to job site	ı:			Catch basin or are Manufactured hor		-	\$39 \$92	
			Transport and a		es for exterior lines a	re in addi		fixture
Subdivision:	Lot n		Tax map/parcel no.		ces listed below are fo onal 100 feet or portio			Each
Description of work (exam		or kitchen re	model)	Rain drain (	linear ft.)	I	\$116	
Plumbing in Ne	w SFR				?  yes  no		No fee	
				Sanitary sewer (	linear ft.)		\$116 \$116	
Provide RS Permit no.				Water service (	linear ft.)	-	\$116	
	Mary Control of Control	Tanan	one attended to report to	Fixture or item	Transcript of the			
Property owner		Tenant		Backflow prevente	ır		\$39	
Name:		E-mail:		Backwater valve			\$39	
Address:				Clothes washer Dishwasher			\$39 \$39	
City/State/ZIP:				Drinking fountain			\$39	
				Ejectors/sump			\$39	
Phone:		FAX:		Fixture cap			\$39	
	being made on prop	erty that I own, whi	ich is not intended for sale, lease, rent,	Floor drain/floor si	nk/primer		\$39	
or exchange.			Deter	Garbage disposal			\$39	
Owner signature:			Date:	Hose bib Ice maker			\$39 \$39	
Contractor		Subcontr	actor	Interceptor/grease	tran		\$39	
Business name: WOLCOTT	PLUMBING	E-mail:		Interior mainline			400	
Address: 1075 W HIST	ORIC COL	UMBIA RI	IVER HWY	Water piping - firs			\$116	·····
	LE, OR 9			Drainage piping -	first 100 feet		\$116	
Skyrotate/211 :		7	- CD 0001		00 feet or portion of		\$87	
Phone: 503-667-1781			567-9891		ding water supply lin	es	600	
ic. no. 26-824PB		CCB lic. no. 1	12220	Residential - first each additiona			\$83 \$32	
18	1/ 3			Commercial - firs			\$83	
Authorized signature:	M 13	are	_	each fixture bra	anch over five		\$20	
Print name: CLIFF BO	MAN		Date: 6/10/16	Medical gas (\$	value.)	Per fee s	chedule	
Applicant		Contact P	erson	Rainwater harvesti		Per fee s		
Business name: WOLCOTT	PLUMBING	G		Roof drain (comme	rcial)		\$39	
ar von				Sewer cap Sink/basin/lavatory	,		\$103 \$39	
Contact name: CLIFF I					n/detention tank/facility		\$104	
Address: 1075 W HI	STORIC CO	DLUMBIA	RIVER HWY	Tub/shower/showe			\$39	
City/State/ZIP: TROUTDAL	E OP 970	160		Urinal			\$39	
	E, OR 370	503-	667-1781	Water closet			\$39	
Phone: 503-667-1781	. X 381	FAX: 505	007-1701	Water heater/expa	nsion tank		\$39	
-mail: cliffb@wolc	ottplumbi	ing.com		Other			\$39	NAME OF TAXABLE PARTY.
Plan Review, please check	all that apply			Plumbing permit	rees	Cub	letel	
Med gas/vacuum system for healt	A STATE OF THE PARTY OF THE PAR	Reclaimed wa	stewater/harvested rainwater system		Minimum no	Sub		
Vacuum drainage waste and vent			retreatment system		Minimum per Plan review (25% of			
Fire sprinkler system		- A	nage waste and vent system	-	tate surcharge (12%			
Commercial booster pump			ssing/interception equipment system		TOTAL PE			
Plumbing related site utilities outs	ide building	for food service	ce/food processing	DC C 1 D				
Water service line with inside dian stamped by licensed Oregon eng		e size of 2" or mo	ore except 2" systems designed/		ermit/No Fees			
Voluntary plan review	m loci				bo permit subcont 503-823-7693 or e-			s only
iore comitere slumbine 7/1/13					ortlandoregon.go		V	
ione parmitane alumbine 7/1/42								



# City of Portland, Oregon - Bureau of Development Services



1900 SW Fourth Avenue • Portland, Oregon 97201 • 503-823-7300 • www.portlandoregon.gov/bds

# 2014 Energy Efficiency Additional Measures Requirements

All new dwellings and areas that are added to existing dwellings shall meet the envelope requirements of ORSC Table N1101.1(1). Portions of existing dwellings that are affected by new construction shall meet the envelope requirements of ORSC Table N1101.2. In addition, Additional Measure Requirements per ORSC N1101.1 (for new construction) and N1101.3 (for additions) are required as follows:

	M	Construction of New Residential Structure: Complete Sections A and B
		Construction of <b>Large Additions</b> (additions of 600 SF or more, or additions that are more than 40% of the existing heated floor area): Complete Sections A <b>and</b> B
		Construction of <b>Small Additions</b> (additions that are between 400 and 600 SF, or between 15 to 40% of the existing heated floor area): Complete Section C, or either Section A or B (for entire structure).
		<b>Exempt Additions</b> : If the added floor area is less than 15% of the existing heated floor area, or less than 200 sf no additional measures are required.
		gy Efficiency components must be reflected on the plans. For all structures, a minimum of 50% of permanently lighting fixtures shall have high efficacy lamps.
Se	cti	on A: Envelope Enhancement Measure, Table N1101.1(2) (Select One)
	1	High efficiency walls & windows:
		<ul> <li>Exterior walls – R-19+5 (insulation sheathing)/SIPS, and one of the following options:</li> </ul>
		☐ Windows – Max 15% of conditioned area, or
		☐ Windows – U-0.30
	2	High efficiency envelope:
		Exterior walls – R-21 Intermediate framing, and
		Vaulted ceilings – R-30 Advanced framing, and
		• Flat ceilings – R-49, and
		● Framed floors – R-38, and
		● Windows – U-0.30, and
		Doors – All doors U-0.20, or
		☐ Additional 15% of permanently installed lighting fixtures as high-efficacy lamps or Conservation Measure D and E
]	3	High efficiency ceiling, windows and duct sealing: (Cannot be used with Section B: Conservation Measure E)
		<ul> <li>Vaulted ceilings – R-30 Advanced framing (not more than 50% of the heated floor area), and</li> </ul>
		• Flat ceilings – R-49, and
		• Windows – U-0.30, and
		<ul> <li>Performance tested duct systems (ODOE documentation to be submitted to building inspector prior to final inspection)</li> </ul>

(Continued to page 2)

	4	High efficiency thermal envelope UA:  ● Proposed UA is 15% lower than the Code UA when calculated in Table N1104.1(1)
		Proposed OA is 15% lower than the Code OA when calculated in Table N 1104.1(1)
	5	Building tightness testing, ventilation and duct sealing:
		<ul> <li>Mechanical system providing whole-building ventilation per Table N1101.1(3), or ASHRAE 62.2, and</li> </ul>
		<ul> <li>Performance tested duct systems (ODOE documentation to be submitted to building inspector prior to final inspection), and</li> </ul>
		<ul> <li>Blower door test report submitted to building inspector prior to final inspection showing ≤ 6.0 air changes per hour.</li> </ul>
×	6	Ducted HVAC systems within conditioned space: (Cannot be used with Section B: Conservation Measure B or C)
		All ducts and air handler are contained within heated building envelope
ાર્જીક	on and	
Se	cti	on B: Conservation Measure, Table N1101.1(2) (Select One)
P	A	High efficiency HVAC system - Select one of the following options:
( `		Gas-fired furnace or boiler with 90% minimum AFUE (sealed combustion air ducted directly from outdoors if furnace or boiler is within conditioned space), or
	- 1	☐ Air-source heat pump 8.5 minimum HSPF, or
	- 1	Closed-loop ground source heat pump with 3.0 minimum COP
	В	Ducted HVAC systems within conditioned space:
		<ul> <li>All ducts and air handlers are within heated building envelope</li> </ul>
	C	Ductless heat pump:
		<ul> <li>Replace electric resistance heating in at least the primary zone with at least on ductless mini-split heat pump with 8.5 minimum HSPF</li> </ul>
	D	High efficiency water heating and lighting:
		<ul> <li>Natural gas/propane, on-demand water heating with 0.80 minimum EF, and</li> </ul>
		<ul> <li>Minimum 75% of permanently installed lighting fixtures as CFL or linear fluorescent or minimum 40 lumens per watt</li> </ul>
	E	Energy management device & duct sealing:
		Whole building energy management device capable of monitoring or controlling energy consumption, and
		<ul> <li>Performance tested duct systems (ODOE documentation to be submitted to building inspector prior to final inspection), and</li> </ul>
		<ul> <li>75% of permanently installed lighting fixtures as high-efficacy lamps</li> </ul>
	F	Solar voltaic:
		<ul> <li>Minimum 1 watt per square foot of conditioned floor space with Total Solar Resource Fraction ≤ 75%</li> </ul>
	G	Solar water heating:
		<ul> <li>40 square feet minimum gross collector area with Total Solar Resource Fraction ≤ 75%</li> </ul>

(Continued to page 3)



# City of Portland, Oregon - Bureau of Development Services



1900 SW Fourth Avenue • Portland, Oregon 97201 • 503-823-7300 • www.portlandoregon.gov/bds

# Radon Control Methods 2011 Oregon Residential Specialty Code, Appendix F

New habitable residential structures shall have radon gas mitigation. Indicate the method(s) of radon gas mitigation to be installed in the structure:

☐ Cr	awl space construction:
	☐ Mechanically ventilated (detailed on plans); or
	☐ Passive sub-membrane depressurization; or
	Permanently open foundation ventilation per R408.1 and a blower-door building tightness test. Test results to be provided to the building inspector prior to final inspection approval.
Sla	ab-on-grade or basement construction:
	Passive depressurization system, with 4" thick layer of gas-permeable aggregate below slab.



# City of Portland, Oregon - Bureau of Development Services





Simple Site Erosion Control Requirements Form

Project or Permit Number _	16-1874	45/54-RS						
Project Address	N Congress	N Blandena						
Name of Responsible Party (print) Lou Pacino								
Day Phone 971-217-5	5/43 FAX	email LPacino @woodhillhomes.net						

#### Erosion control inspections are required and it is your responsibility to request these inspections.

**Erosion control measures are required** on this site. Because of the size and slope, a drawn plan is not required. Erosion Control Measures and inspections are required prior to beginning foundation excavation. This form may only be used for simple sites:

- 1. Flat (less than 10% slope before development)
- 2. More than 50 feet from a wetland or waterbody
- Outside an environmental or greenway zone
- 4. Less than 10,000 sq. ft. of ground disturbance
- 5. Not a land division of 10,000 sq. ft. or more

This is an agreement that the applicant and/or responsible parties will use erosion control during this project as required. The applicant and/or responsible party must sign this form to comply with Section 10.40.020 of the Code. Details for the measures outlined below are located in the City of Portland Erosion Control Manual, available at either the Development Services Center or on our Web site at <a href="https://www.portlandonline.com/bds">www.portlandonline.com/bds</a>

11	Minimum Erosion Control Requirements	Additional Requirements
1.	Temporary sediment control (silt fences, bio-filter bags or fiber rolls, storm drain inlet protection).	Prevent the transport of sediment from the site (Manual Sections 2-2 and 4-2) Call for #200 inspection. These items must be provided even with undisturbed vegetative buffers as allowed by manual.
2.	Stabilize access points by installing a gravel construction entrance. Do not use rock or dirt ramps in the gutter, use a wood ramp if needed to get over curb.	Limit construction vehicle access, whenever possible, to one route. Stabilize access points. Provide street cleaning by sweeping or shoveling any sediment that may have been tracked out. Place sediment in a suitable disposal area where it will not erode again. (Manual Sections 2-2 and 4-1)
3.	Stabilize all soils, including stockpiles that are temporarily exposed. Use one or more of the temporary soil stabilization Best Management Practices (BMP's): temporary grasses, mulch applications, erosion blankets, plastic sheeting, plus dust control measures.	Soil Stabilization (Manual Sections 2-2 and 4-4)
4.	Maintain erosion controls identified in requirements 1 through 3 above according to specifications prescribed in manual.	Inspect and maintain required erosion and sediment controls to ensure continued performance of their intended function. (Manual Chapters 4 and 5)
5.	Comply with the necessary development activity controls, including controls for fuel spill control, waste removal, concrete waste management or painting preparation.	During construction, prevent the introduction of pollutants in addition to sediment into stormwater. (Manual Section 5)
6.	Use one or more of the following to permanently stabilize soils before final building inspection: Permanent vegetative cover, mulch applications or application of sod.	After construction but before project completion, permanently stabilize all exposed soils that have been disturbed during construction. (Manual Sections 4-4)
7.	Prevent sediment from entering all storm drains, including ditches, which receive runoff from the disturbed area	Remove temporary drain inlet protection measures after final site clean-up. Call for #210 inspection.
8.	Post signage on-site that identifies the City's Erosion Control complaint number	The sign will be provided upon approval of the pre-construction inspection. It must be maintained on-site until the final inspection.
V		

You must request a preconstruction erosion control inspection prior to construction. Call 503-823-7000 and request a #200 inspection using your IVR number.

I agree to meet each requirement and use appropriate erosion control measures as outlined above to prevent erosion and sedimentation from leaving the site of project/permit number referenced. I understand that all inspections are still required, and that failure to install or maintain adequate measures may result in a re-inspection fees or additional fines. A permanent erosion control inspection #210 will be required prior to a final building inspection.

Signature of Responsible	Party
Property Owner or Owner's	Agent

Dan Will

Date 6/13/16



#### CITY OF PORTLAND, OREGON - BUREAU OF DEVELOPMENT SERVICES



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# Disclaimer for Existing On-site Sewage Disposal System

To Our Valued Customers:

Development Services records indicate there may be an abandoned cesspool or septic tank on your property. There are inherent risks associated with building near or over these features. Cesspools or septic tanks may collapse, settle and/ or cause subsidence of the ground which may damage structures or otherwise result in hazardous conditions. It is your responsibility as the property owner to protect yourself and your property against the potential adverse effects these features may cause.

As the property owner, it is your responsibility to obtain a permit and properly decommission known and suspected cesspools and septic tanks on your property. A properly decommissioned cesspool or septic tank should be filled with ¾ inch minus gravel, angular pea gravel or masonry sand and be watered down or compacted in lifts. Common soil or dirt is not an approved fill material. If you encounter or determine that a cesspool or septic tank has not been properly decommissioned, you must obtain a permit and decommission it in accordance with the instructions below.

If you have any questions regarding this matter or other matters regarding onsite sewage disposal systems, you may contact the Site Development section at 503-823-6892.

Project or Permit Number	1445/54-RS	
Project Address N Congress	N Blandena	
I understand the above. I am the owner of the property owner(s)	operty or am authorized to act for the	
Date 6/3/18 Check one Pro Signature an him	perty Owner Sother Agent of  Name H Hudson Homes	
Street Address 9700 5W Capital	Hwy \$100	
city Portland	State <u>OR</u> Zip Code <u>972/9</u>	
Day Phone 971-217 - 5/43 FAX	email Lfacino woodhillhom	resinet

# OAR 340-71-185 Decommissioning of System Procedures:

- 1. Obtain a Decommissioning permit
- 2. Pump sewage out of system (as applicable)
- 3. Fill using suitable material after pumping to top, leaving material type exposed Suitable Materials are:
  - 3/4" minus gravel or angular pea gravel (with fines) compacted
  - · Masonry or playground sand fill in lifts of 1-5 ft and water down and/or tamp for proper settling and compaction
  - Concrete slurry (if UIC or commercial property)
- 4. After system has been pumped and filled but not covered, call 503-823-7000 for inspection (IVR #842)
- 5. Provide copy of pump receipt at time of inspection
- 6. The system building sewer shall be permanently capped as applicable

#### THIS IS NOT A WAIVER

Information is subject to change.

Site Development Phone: 503-823-6892, FAX 503-823-5433, TTY 503-823-6868



Date:

7/25/16

# **Zoning Plan Examination Checksheet Response**

Permit #: 16-187454-000-00-RS

Customer name and phone number:    Please number each change in the #' column. Use as many lines as necessary to describe your changes. Indicate which reviewer's checksheet you are responding to and the item your change dresses. If the item is not in response to a checksheet, write customer in the last column.    Please number each change in the #' column. Use as many lines as necessary to describe your change dresses. If the item is not in response to a checksheet, write customer in the last column.    Checksheet   Che			10
changes. Indicate which reviewer's checksheet you are responding to and the item your change dresses. If the item is not in response to a checksheet, write customer in the last column.  # Description of changes, revisions, additions, etc.  1 Okay 2 Additional trees have been added per density requirements. Pavers have been removed around tree base.  A1.1	Custo	mer name and phone number: Dan william 503-819	.7754
# Description of changes, revisions, additions, etc. and item #  1 Okay 2 Additional trees have been added per density requirements. Pavers have been removed around tree base.  A1.1	NOTE:	changes. Indicate which reviewer's checksheet you are responding to an	nd the item your change ad-
Additional trees have been added per density requirements. Pavers have been removed around tree base.  A1.1	#	Description of changes, revisions, additions, etc.	
have been removed around tree base.	1	Okay	
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(for office use only)

# TAMMY BOREN-KING

Date:

#### **Zoning Plan Examination Checksheet Response**

Permit #: 16-187445-000-00-RS

Custom	ner name and phone number: Dan Williams 503 -8	19-7754
NOTE:	Please number each change in the "documents" column. Use as many lines as necess Indicate which reviewer's checksheet you are responding to and the item you item is not in response to a checksheet, write customer in the last column.	r change addresses. If the
#	Description of changes, revisions, additions, etc.	Checksheet and item #
1	Okay	
2	The awnings from the interior courtyard have been removed to meet the	A2.2
	coverage caculations.	
3	Additional trees have been added per density requirements. Pavers have	A1.1
	been removed around tree base.	
		-1 to 13 1223 brown
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(for office use only)



# City of Portland, Oregon

# **Bureau of Development Services**

**Plan Review / Permitting Services** 

FROM CONCEPT TO CONSTRUCTION

Dan Saltzman, Commissioner Paul L. Scarlett, Director Phone: (503) 823-7310 Fax: (503) 823-4172 TTY: (503) 823-6868

www.portlandoregon.gov/bds

**BDS Checksheet Response** 

Customer	name and phone number: Day Williams 503-816	1-1139
	Check which review you are responding to. Please provide specific information changes you have made in response to the checksheet. Note the checksheet item change, revision, or correction. Identify the location on the plans (i.e. page number). Use as many lines as needed. If the item is not in response to a check. "Applicant" in the column labeled "Checksheet item number."	n number. Describe the per and/or detail
☐ Planning☐ Life Saf☐ Electrics	ety BES Pollution Prevention BES Water	
	this sheet to submit your response to only one of the above review groups. If you one review group, you will need a separate Checksheet Response Form for each	
Checksheet item number	Description of changes, corrections, additions, etc.	Location on plans
	Location of Water moter Changed to provide Separation from the Sewar line	
	DECIENT ED  DOCUMENT SERVICES	



### Life Safety Checksheet Response

Permit #: <u>16-187454-000-00-RS</u>				Date: 7/25/16		
Customer	r name and nhone number:	Dain	Id liame	503	- 819- 7764	

Note: In

In the spaces below, please provide specific information concerning the changes that you have made in response to the checksheet. Note the checksheet item number, your response or a description of the revision, and the location of the change on the plans (i.e. page number and/or detail number). Use as many lines as needed. If the item is not in response to a checksheet, write "Applicant" in the column labeled "Checksheet item number."

Description of changes, corrections, additions, etc. BY OTHER  CORRECT, AS NOTED IN THE WALL TYPES SHEET A0.1. IN THE LOCATIONS MENTIONED, PLUMBING SUPPLY & WASTE LINES ARE TO RUN UP FROM THE FLOOR AND VENT LINES TO BE IN THE SIDEWALLS. ADDITIONAL NOTES HAVE BEEN ADDED TO THE PLANS NOTING THAT.	ATTACHMENT A0.1, A2.1, A2.2
IN THE LOCATIONS MENTIONED, PLUMBING SUPPLY & WASTE LINES ARE TO RUN UP FROM THE FLOOR AND VENT LINES TO BE IN THE SIDEWALLS. ADDITIONAL NOTES HAVE BEEN	A0.1, A2.1, A2.2
R302.2.7.2 ITEM #3 ALLOWS FOR CANTILEVERED LIVING AREA WITHOUT AN ADJACENT CANTILEVER PROVIDED A 1-HOUR WALL EXTEND TO THE FURTHEST POINT OF THE CANTILEVER. THAT IS THE CASE, AS DESIGNED.	A2.1, A2.2
A PLAN NOTE HAS BEEN ADDED TO THE TWO DETAIL CUTS 11/S7 WHICH OCCUR ON S3 TO INDICATE A SIM. CONDITION. A NOTE HAS ALSO BEEN ADDED TO DETAIL 11/S7 TO INDICATE THAT JOISTS ARE PERPENDICULAR AT SIM. AND THAT THE HDU HOLDOWN SHOULD BE NAILED TO THE FACE OF JOISTS.	S3 AND S7
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DOCUMENT.	SERVICES
1	WITHOUT AN ADJACENT CANTILEVER PROVIDED A 1-HOUR WALL EXTEND TO THE FURTHEST POINT OF THE CANTILEVER. THAT IS THE CASE, AS DESIGNED.  A PLAN NOTE HAS BEEN ADDED TO THE TWO DETAIL CUTS 11/S7 WHICH OCCUR ON S3 TO INDICATE A SIM. CONDITION. A NOTE HAS ALSO BEEN ADDED TO DETAIL 11/S7 TO INDICATE THAT JOISTS ARE PERPENDICULAR AT SIM. AND THAT THE HDU HOLDOWN SHOULD BE NAILED TO THE FACE OF JOISTS.



#### CITY OF PORTLAND, OREGON - BUREAU OF DEVELOPMENT SERVICES



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# LIFE SAFETY & STRUCTURAL CHECKSHEET

Review Date: July 5, 2016

Application #:

16-187454-000-00-RS

IVR #:

16-187445-000-00-RS

3837131

To:

APPLICANT APPLICANT

14334 NW EAGLERIDGE LANE

PORTLAND, OR 97229

Work:

(503) 819-7754

Fax:

(503) 296-2630

Email:

dan@fasterpermits.com

From:

RESIDENTIAL

PLANS EXAMINER TARA CARLSON

Phone:

(503) 823-7782

Email:

Tara.Carlson@portlandoregon.gov

CC:

OWNER

H HUDSON HOMES INC 9700 SW CAPITAL HWY #100 PORTLAND, OR 97219-5274

#### **PROJECT INFORMATION**

Street Address:

**4711 N CONGRESS AVE** 

Description of Work:

UNIT 2 OF 2-UNIT TOWNHOUSE on individual tax lot 2-STORY/ATTACHED GARAGE/FLAT

LOT/COMPLEX\*\*\*DFS ROOF TRUSSES\*\*\*W/16-187445-RS\*\*\*

The following assumptions were made when reviewing your project:

Building Area Stories Sprinklers

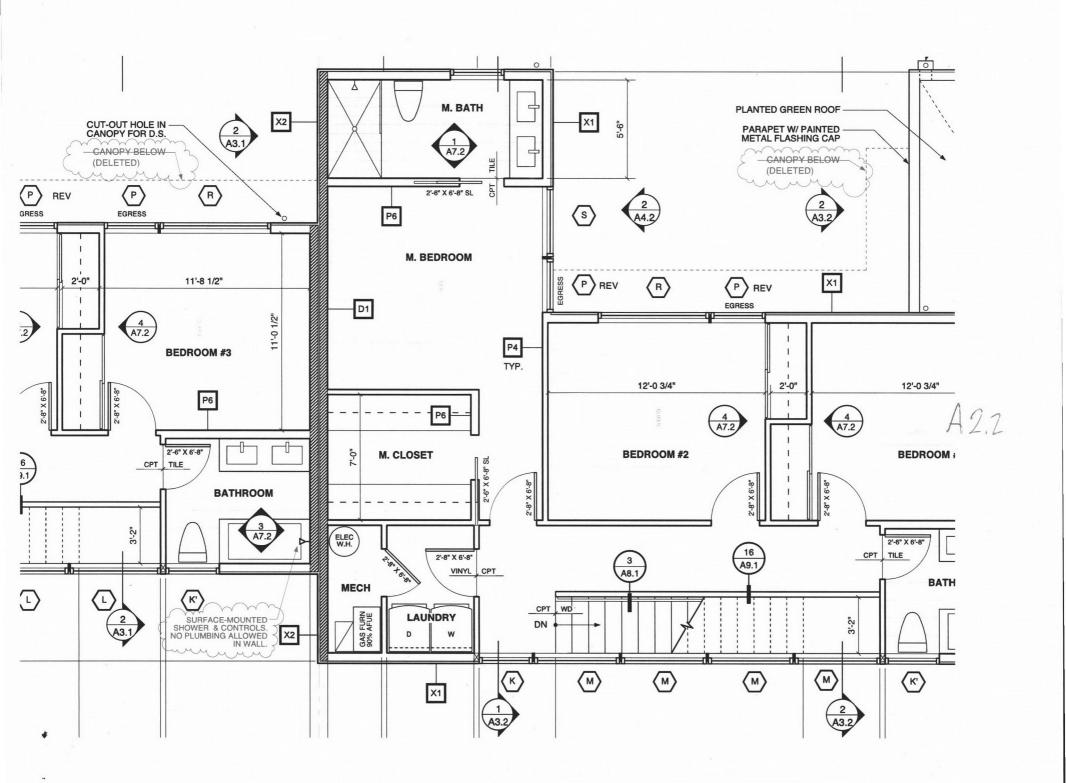
1,789 SF 2

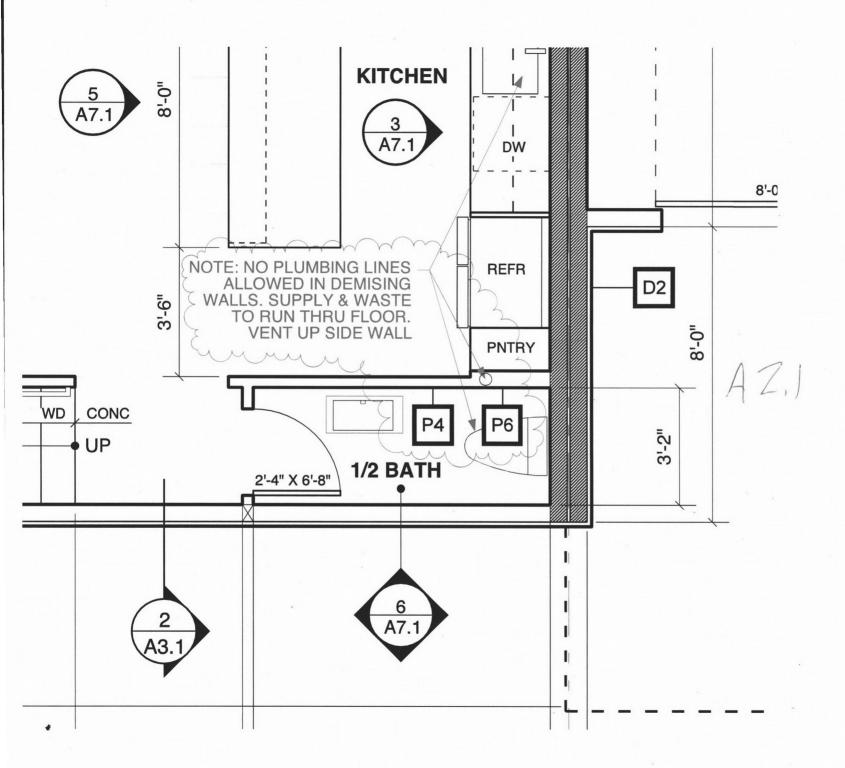
#### **PLAN REVIEW**

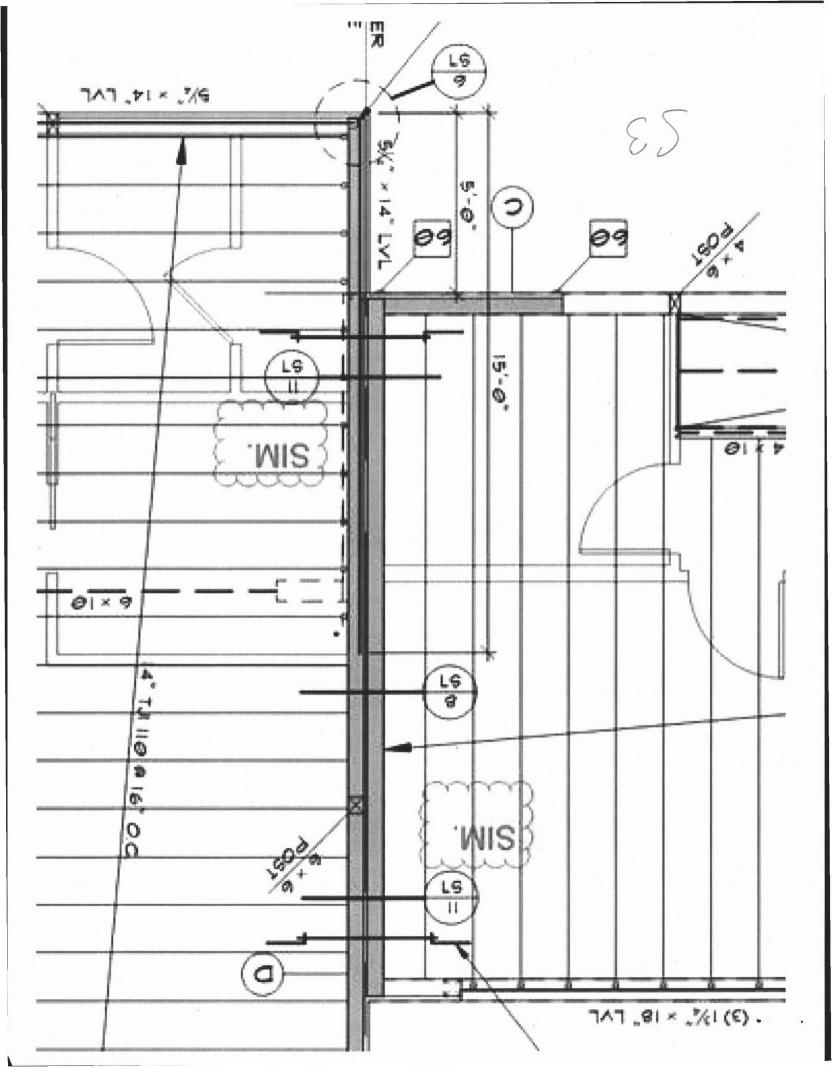
Based on the plans submitted, the items listed below appear to be missing or not in conformance with the Oregon Residential Specialty Code and/or other City requirements.

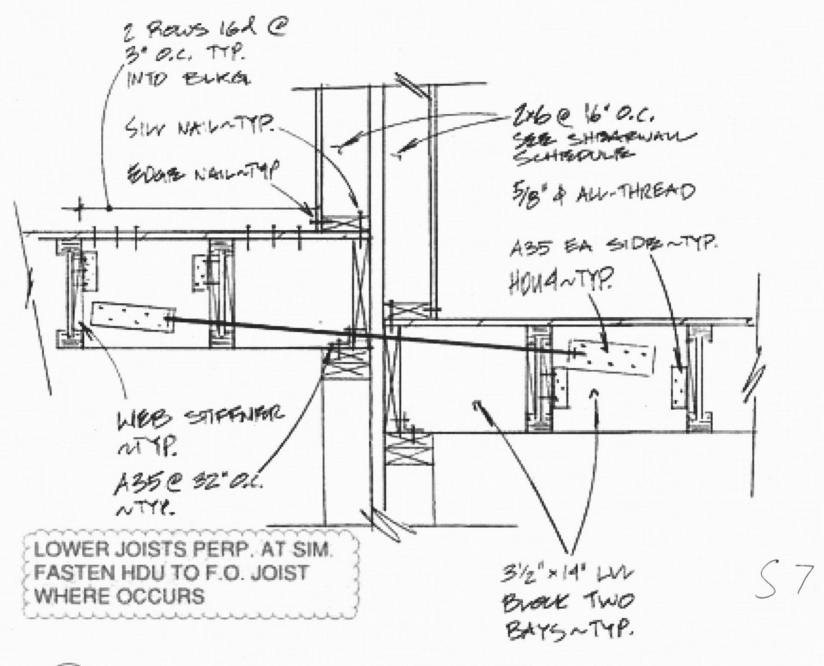
Residential Specialty Code and/or other City requirements.				
Item #	Location on plans	Code Section	Clarification / Correction Required	
1	Attach- ment	R302.2.1.1.1	Edit the attached Maintenance Agreement to reflect the properties for permits #16-187454 & #16-187445. You may return the draft via email to me for review. Do not sign/notarize the document until I have reviewed and accepted the draft. A signed copy of the draft will then be available to you at the 5 <sup>th</sup> floor reception at which point you will notarize, and then email the notarized copy back to me to be recorded and on file for these properties.	
2	A2.1 A2.2	R302.2 (2)	Plumbing and mechanical ducts/vents are not permitted in a "modified" 2-hour fire-resistance rated firewall at the property line is not permitted. Either fir the walls to accommodate the plumbing at both the Bathrooms & Kitchen in Unit 2, or reconfigure the Bathrooms and Kitchen to avoid penetration.	
3	A2.1	R302.2.7.2	(3) There is not an adjacent cantilever in Unit 2, therefore 1-3 of this code requires fire-resistive-rated walls to be continuous from the foundation to the roof sheathing. Extend the wall from above to an approved footing below, or provide a fire suppression system in accordance with NFPA 13D.	
4	S7	R106.1.1	The orientation of floor joists on S3 in Unit 1 does not match the detail in regard to the floor joist direction for attachment of the seismic tie between the two units. See detail 8 for correct orientation.	

**End of Checksheet** 









11 SEISMIC TIE BETWEEN BUILDINGS

ST / SCALE 1" - 1'-0"

Male H- BES





# City of Portland, Oregon Bureau of Development Services Plan Review / Permitting Services

FROM CONCEPT TO CONSTRUCTION

Dan Saltzman, Commissioner Paul L. Scarlett, Director Phone: (503) 823-7310 Fax: (503) 823-4172 TTY: (503) 823-6868 www.portlandoregon.gov/bds

# **BDS** Checksheet Response

Permit #:	16-187445/54-RS Date:	8/18/16
Customer	name and phone number: Dan Williams 503 819	7754
	Check which review you are responding to. Please provide specific information changes you have made in response to the checksheet. Note the checksheet item change, revision, or correction. Identify the location on the plans (i.e. page num number). Use as many lines as needed. If the item is not in response to a check "Applicant" in the column labeled "Checksheet item number."	n number. Describe the ber and/or detail
	ety BES Pollution Prevention BES Water	& Recreation ou need to respond to
Checksheet tem number	Description of changes, corrections, additions, etc.	Location on plans
1	See redlines noting Drywell Sizes	
	Site Plan revised to show flow. Three flowells as notal on stre plan	
	See attached O+M documents for review	
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	AUG 1 8 2016	
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Permit #: 16-187454/45-RS

# City of Portland, Oregon

# Bureau of Development Services Plan Review / Permitting Services

FROM CONCEPT TO CONSTRUCTION

Dan Saltzman, Commissioner Paul L. Scarlett, Director Phone: (503) 823-7310 Fax: (503) 823-4172 TTY: (503) 823-6868

www.portlandoregon.gov/bds

Date: 8/29/16

## **BDS** Checksheet Response

Customer	name and phone number: Dan Williams 503-8	19-7754
Note:	Check which review you are responding to. Please provide specific information changes you have made in response to the checksheet. Note the checksheet iten change, revision, or correction. Identify the location on the plans (i.e. page num number). Use as many lines as needed. If the item is not in response to a check "Applicant" in the column labeled "Checksheet item number."	n number. Describe the ber and/or detail
☐ Plannin☐ Life Saf☐ Electric	ety BES Pollution Prevention BES Water	☐ Plumbing ☐ Site Dev. & Recreation
	this sheet to submit your response to only one of the above review groups. If you one review group, you will need a separate Checksheet Response Form for each	
Checksheet tem number	Description of changes, corrections, additions, etc.	Location on plans
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# City of Portland, Oregon Bureau of Development Services Plan Review / Permitting Services

Dan Saltzman, Commissioner Paul L. Scarlett, Director Phone: (503) 823-7310 Fax: (503) 823-4172 TTY: (503) 823-6868 www.portlandoregon.gov/bds

# **BDS Checksheet Response**

FROM CONCEPT TO CONSTRUCTION

	DDS Cheeksheet Respo	inse
Permit #:	16-187445f454-RS	Date: SEP 1 4 2016
Customer	name and phone number: Dan Willycom	s 503-819-7754
Note:	Check which review you are responding to. Please provide spechanges you have made in response to the checksheet. Note the change, revision, or correction. Identify the location on the planumber). Use as many lines as needed. If the item is not in reasonable "Applicant" in the column labeled "Checksheet item number.	he <u>checksheet item number</u> . <u>Describe the</u> ans (i.e. page number and/or detail esponse to a checksheet, write
☐ Plannin ☐ Life Sat ☐ Electric	fety BES Pollution Prevention BES	☐ Fire ☐ Plumbing ☐ Water ☐ Site Dev. sing ☐ Parks & Recreation

Please use this sheet to submit your response to only one of the above review groups. If you need to respond to more than one review group, you will need a separate Checksheet Response Form for each group.

Checksheet item number	Description of changes, corrections, additions, etc.	Location on plans
*	See attached R#S	*
9		
- The second of		

Department of County Management Division of Assessment, Recording & Taxation



Parcel Management 501 SE Hawthorne BLVD, Suite 175

Portland, OR 97214

Phone: (503) 988-3326

Email: dart.parcel.mgmt@multco.us \*\*\*ACCOUNT NUMBERS ARE SUBJECT TO CHANGE\*\*\*

Voucher Number v#16-0580

#### SUBDIVISION/CONDO OR PARTITION PLAT NAME 2016-071

DateAdded:

9 /13/2016

Multnomah County Assigned Alt-Account Number

Child Tract or Lot and Blk Number

Map Taxlot Number

R64967-2810

1N1E22AC -20501

R64967-2820

2

1N1E22AC -20502

\*\*\*\*\*THESE ACCOUNT NUMBERS ARE SUBJECT TO CHANGE \*\*\*\*\*



DOCUMENT SERVICES



City of Portland, Oregor

**Bureau of Development Services** 

**Plan Review / Permitting Services** 

FROM CONCEPT TO CONSTRUCTION

Dan Saltzman, Commissione Paul L. Scarlett, Director

Phone: (503) 823-7310 Fax: (503) 823-4172

TTY: (503) 823-6868 www.portlandoregon.gov/bds

# **BDS** Checksheet Response

Permit #:	16-187445/454-R5	Date:	SEP 1 4 2016
Customer	name and phone number: Dan Williams	503	819-7754
	Check which review you are responding to. Please provide specific changes you have made in response to the checksheet. Note the cleanage, revision, or correction. Identify the location on the plans (number). Use as many lines as needed. If the item is not in responsable "Applicant" in the column labeled "Checksheet item number."	necksheet iter i.e. page num	n number. Describe the ber and/or detail
	ety BES Pollution Prevention BES	groups. If y	& Recreation ou need to respond to
Checksheet tem number	Description of changes, corrections, additions, etc.		Location on plans
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	Plat which is now recorded. Correct	Hons	
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	o Dair Forestry		



Life Safety Electrical



# City of Portland, Oregon

**Bureau of Development Services** 

**Plan Review / Permitting Services** 

FROM CONCEPT TO CONSTRUCTION

Dan Saltzman, Commissioner Paul L. Scarlett, Director Phone: (503) 823-7310 Fax: (503) 823-4172 TTY: (503) 823-6868

www.portlandoregon.gov/bds

Parks & Recreation

#### **BDS** Checksheet Response Permit #: 16-187445/454-RS Date: Customer name and phone number: Dan Williams Note: Check which review you are responding to. Please provide specific information concerning the changes you have made in response to the checksheet. Note the checksheet item number. Describe the change, revision, or correction. Identify the location on the plans (i.e. page number and/or detail number). Use as many lines as needed. If the item is not in response to a checksheet, write "Applicant" in the column labeled "Checksheet item number." **Planning** Structural Plumbing **BES Pollution Prevention** BES Site Dev.

Please use this sheet to submit your response to only one of the above review groups. If you need to respond to more than one review group, you will need a separate Checksheet Response Form for each group.

Addressing

**Urban Forestry** 

Checksheet item number	Description of changes, corrections, additions, etc.	Location on plans
	Please see revised W-3 with correct addressed and R#s	
	correct addresses and R#s	
1	See site plan with corrected minimum	
'	See site plan with corrected minimum separatron from saurtary sever	
		* *



Bureau of Development Services Plan Review / Permitting Services

FROM CONCEPT TO CONSTRUCTION

Paul L. Scarlett, Director Phone: (503) 823-7310 Fax: (503) 823-4172 11Y: (507) 823-6868 www.portlandore.gov/bds

## **BDS** Checksheet Response

Permit #:	16-187445/454-RS	Date:	SEP 1 4 2016
	name and phone number: Dan Williams	50	3-819 -7754
	Check which review you are responding to. Please provide spec changes you have made in response to the checksheet. Note the change, revision, or correction. Identify the location on the plan number). Use as many lines as needed. If the item is not in resp. "Applicant" in the column labeled "Checksheet item number."	checksheet iter s (i.e. page num	n number. Describe the ber and/or detail
	BES Pollution Prevention BES  al Urban Forestry Addressi  this sheet to submit your response to only one of the above revie	ew groups. If y	& Recreation ou need to respond to
	one review group, you will need a separate Checksheet Respon	se Form for eac	h group.
Checksheet item number	Description of changes, corrections, additions, e	tc.	Location on plans
	Final Plat 15-282807-FP		
ja j	scorded		

Department of County Management Division of Assessment, Recording & Taxation Multnomah County

Parcel Management 501 SE Hawthorne BLVD, Suite 175 Portland, OR 97214

Phone: (503) 988-3326

Email: dart.parcel.mgmt@multco.us

\*\*\*ACCOUNT NUMBERS ARE SUBJECT TO CHANGE\*\*\*

Voucher Number v#16-0580

#### SUBDIVISION/CONDO OR PARTITION PLAT NAME

DateAdded: 9 /13/2016

2016-071

Multnomah County Assigned Alt-Account Number

Child Tract or Lot and Blk Number

Map Taxlot Number

R64967-2810

1N1E22AC -20501

R64967-2820

1N1E22AC -20502

\*\*\*\*\*THESE ACCOUNT NUMBERS ARE SUBJECT TO CHANGE \*\*\*\*\*

SEP 1 4 2016

BDS DOCUMENT SERVICES

# Tara Carlson - 45 - 9.21.16

#### Life Safety Checksheet Response #2

16-187445-RS

16-187454-000-00-RS Permit #:

Date: 9.16.16

Customer name and phone number: Ben Waechter 503. 449.1471

Note:

In the spaces below, please provide specific information concerning the changes that you have made in response to the checksheet. Note the checksheet item number, your response or a description of the revision, and the location of the change on the plans (i.e. page number and/or detail number). Use as many lines as needed. If the item is not in response to a checksheet, write "Applicant" in the column labeled "Checksheet item number."

Checksheet item number	Description of changes, corrections, additions, etc.	Location on plans
1	By Other (Owner?) Marytmans agreement emailed as	directed
2	By Other ("Faster" permits?) Realines corrected acc Aire	etim
3	By Other (Owner?) Maintanne agreement emailed as a By Other ("Faster" permits?) Reflines corrected or direction of the current design has been approved in appeal ID #13973, reconsideration ID #13881 with the addition of sprinkler heads over the garage door at Unit 1 and a 1-hour fire rating for the 2' section of wall to the North of that garage door. The drawings have been revised per these changes.	A2.1 & A6.1
	*	
	7	971 8 1119
	WE CO	3016
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#### CITY OF PORTLAND, OREGON - BUREAU OF DEVELOPMENT SERVICES



1900 SW Fourth Avenue • Portland, Oregon 97201 • 503-823-7300 • www.portlandoregon.gov/bds

## Residential Fixtures Worksheet

Please list the mechanical, electrical and plumbing fixtures you are planning to install for your new single family residential construction project.

construction project.		
Mechanical Fixture	Qu	antity
Heating and Cooling	TINY	ILUNZ
Air conditioner (site plan required)		
Furnace/burner including ductwork/vent/liner	1	1
Heat pump (site plan required)		
Air handling unit		
Hydronic hot water system		
Residential boiler (radiator or hydronic)		
Unit heaters (fuel type, not electric): in-wall, induct, suspended, etc.		
Vent for appliance other than furnace		
Gas fireplace		
Flue vent for water heater or gas fireplace		
Wood/pellet stove		
Chimney/liner/flue/vent		
Range hood/other kitchen equipment	1	1
Clothes dryer exhaust	1	1
Single duct exhaust fans (bathrooms, toilet compartments, utility rooms)	4	4
Attic/crawl space fans		
Other:		
Gas Fuel Piping: indicate number of outlets		
Furnace	1	1
Wall/suspended/unit heater		
Water heater/boiler	1	1
Fireplace		
Range	1	1
Barbecue		
Clothes dryer		
Other:		

	III	UNIT.	
Plumbing Fixture	Qua	antity	
Bathrooms (full or partial)	3	3	
Kitchens*	1	1	
Laundry/utility sinks*	_	_	
Bar sinks	_	-	
Water heaters/boilers*	1	1	
Clothes washers*	(	1	
Rain drain: # of feet around perimeter of house	199		
Sanitary sewer: # of feet from house to property line	99		
Storm sewer: # of feet from house to property line or disposal system	99		
Water line: # of feet from house to property line	9	9	
Fire sprinklers: # of sq. ft. of house to be sprinklered (include basement, exclude garage)			
Other:			
* The first kitchen, water heater, clothes washer and laundry/ utility sink are included in the basic plumbing package			

utility sink are included in the basic plumbing package

Electrical Fixture

Area of house in sq. ft. to be wired (including basement and attached garage)

Quantity

1763

Limited energy electrical wiring (check yes if you are installing any of the following: telephone, cable TV, security systems, doorbell, computer network cables,

Additional circuits for detached garage

yes ✓ no

Temporary electrical service

thermostat, vacuum system)

区 yes 区 no

Other:



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NSFR-Intake-Prescreen-Form 05/16/16

Planning & Zoning Review NSFR and ADU Intake – Minimum Submittal requirements  R number: R 131408
NO INTAKE/PERMIT CANNOT BE SET UP:  A land division is underway for this site. Permits can only be accepted for new development if the Final Plat is City Approved or the assigned planner has noted in the Comments for the Final Plat folder that permits can be accepted.  LU Planner Assigned/Phone:
□ At least one land use review is required for the proposed development to be approved.
NO INTAKE/REVISIONS MUST BE MADE PRIOR TO INTAKE:  Based on a cursory review, the following development standards are not met. Compliance with all applicable development standards will be determined at the time of permit review.
<ul> <li>Height – building height is measured from a basepoint to the average height of the highest gable or to the highest point of the roof depending on the roof style.</li> <li>Building coverage – includes the building footprint, projections, covered porches and portions of decks over 6 feet above the ground.</li> </ul>
<ul> <li>Garage Setback – a garage wall facing the street may not be closer to the street than the longest street-facing wall of the dwelling unit.</li> <li>Length of Garage Wall – a garage wall that faces the street may not be more than 50 percent of the total street-facing wall of the dwelling unit.</li> </ul>
INTAKE/MORE INFORMATION IS NEEDED AND WILL REQURE A CHECKSHEET:  Tree Code:
□ Title 11 requires that one-third of the trees over 12 inches on a site are preserved with new development. The site plan must show the location and size of all trees 12 inches or larger on the property. All trees over 36 inches in diameter must be preserved, or mitigation/public notice is required.
□ Trees must be preserved or planted to meet the required density based on lot size.
Required Tree Density: square feet
<ul> <li>Trees meeting the density standard must be shown on the site plan.</li> <li>If prescriptive tree preservation measures cannot be provided, an arborist report is required.</li> <li>Additional information:</li> </ul>
<ul> <li>Tree Code: www.portlandoregon.gov/trees/article/522374</li> </ul>
<ul> <li>Tree Classifications: www.portlandoregon.gov/bds/article/71964</li> <li>Deed recorded with Multnomah County prior to July 26, 1979, describing this property in its current configuration.</li> </ul>
Approved for intake: (V) N Planer S T