



**Building 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

17-198206 PS  
 PUP  
 6/16

**Type of work**

- New construction  
 Addition/alteration/replacement  
 Demolition  
 Other:

**Category of construction**

- 1 & 2 family dwelling  
 Commercial/industrial  
 Accessory building  
 Multifamily  
 Master builder  
 Other:

**Job site information and location**

Job no.: \_\_\_\_\_ Job address: 5764 SE 115<sup>th</sup> Ave.  
 City/State/ZIP: Portland, OR 97266  
 Suite/bldg./apt. no.: \_\_\_\_\_ Project name: Kitchen/Utility remodel  
 Cross street/directions to job site: Harold  
 Subdivision: \_\_\_\_\_ Lot no. \_\_\_\_\_ Tax map/parcel no. \_\_\_\_\_

**Description of work**

Removal of interior wall. Add posts + beams

**Provide RS Permit no.**

- Property owner  Tenant

Name: Sean McGovern E-mail: Seam@superiorservice.biz  
 Address: 5764 SE 115<sup>th</sup> Ave  
 City/State/ZIP: Portland, OR 97266  
 Phone: 503-341-0521 FAX: \_\_\_\_\_

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

Owner signature: Sean McGovern Date: 6/16/17

**Contractor**

Business name: Same as owner E-mail: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/State/ZIP: \_\_\_\_\_  
 Phone: \_\_\_\_\_ FAX: \_\_\_\_\_  
 CCB lic. no. \_\_\_\_\_

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

Print name: \_\_\_\_\_ Date: \_\_\_\_\_

- Applicant  Contact Person

Business name: Same as owner  
 Contact name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/State/ZIP: \_\_\_\_\_  
 Phone: \_\_\_\_\_ FAX: \_\_\_\_\_  
 E-mail: \_\_\_\_\_

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

Print name: \_\_\_\_\_ Date: \_\_\_\_\_

**Office Use Only**

Permit no: \_\_\_\_\_  
 Date received: \_\_\_\_\_  
 By: \_\_\_\_\_

**Required Data: One and Two 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:	<u>300.00</u>
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**

Permit fees\* are based on the value of the work performed. Indicate 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.

**Statement of Fact:** I certify that the facts and information set 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 application or any other required document, as well as any misleading statement or omission, may be cause for revocation of permit and/or certificate of occupancy, regardless of how or when discovered.

I acknowledge that work related to this Building Permit Application may be subject to regulations governing the handling, removal and/or disposal of asbestos and/or lead-based paint. If the work is subject to regulations governing asbestos and/or lead-based paint, I will comply with all such regulations. SM (initials)

**Building Permit Fees\***

**Please refer to fee schedule**

Fees due upon application	
Amount received	
Date received	

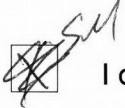
This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete.

# Property Owner Statement Regarding Construction Responsibilities

Oregon Law requires residential construction permit applicants who are not licensed with the Construction Contractors Board to sign the following statement before a building permit can be issued. (ORS 701.325 (2))

This statement is required for residential building, electrical, mechanical, and plumbing permits. Licensed architect and engineer applicants, exempt from licensing under ORS 701.010 (7), need not submit this statement. This statement will be filed with the permit.

Please check the appropriate box:



I own, reside in, or will reside in the completed structure and my general contractor is:

\_\_\_\_\_

Name

\_\_\_\_\_

CCB#

\_\_\_\_\_

Expiration Date



I will inform my general contractor that all subcontractors who work on the structure must be licensed with the Construction Contractors Board.

or



I will be performing work on property I own, a residence that I reside in, or a residence that I will reside in. If I hire subcontractors, I will hire only subcontractors licensed with the Construction Contractors Board. If I change my mind and hire a general contractor, I will select a contractor who is licensed with the CCB and will immediately give the name of the contractor to the office issuing this Building Permit.

I have read and understand the Information Notice to Homeowners About Construction Responsibilities, and I hereby certify that the information on this homeowner statement is true and accurate.

Sean McGovern

Print Name of Permit Applicant

Sean McGovern

Signature of Permit Applicant

June 16, 2017

Date

Permit #: 17-108286 RG

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

Issued by: \_\_\_\_\_ Date: \_\_\_\_\_





# Information Notice to Owners About Construction Responsibilities

(ORS 701.325 (3))

Homeowners acting as their own general contractors to construct a new home or make a substantial improvement to an existing structure, can prevent many problems by being aware of the following responsibilities:

- Homeowners who use labor provided by workers not licensed by the Construction Contractors Board, may be considered an employer, and the workers who provide the labor may be considered employees. **As an employer, you must comply with the following:**
- **Oregon's Withholding Tax Law:** Employers must withhold income taxes from employee wages at the time employees are paid. You will be liable for the tax payments even if you don't actually withhold the tax from your employees. For more information, call the Department of Revenue at 503-378-4988.
- **Unemployment Insurance Tax:** Employers are required to pay a tax for unemployment insurance purposes on the wages of all employees. For more information, call the Oregon Employment Department at 503-947-1488.
- **Oregon's Business Identification Number (BIN):** is a combined number for both Oregon Withholding and Unemployment Insurance Tax. To file for a BIN, go online to the Oregon Business Registry. For questions, call 503-945-8091.
- **Workers Compensation Insurance:** Employers are subject to the Oregon Workers Compensation Law, and must obtain Workers Compensation Insurance for their employees. If you fail to obtain Workers Compensation Insurance, you could be subject to penalties and be liable for all claim costs if one of your workers is injured on the job. For more information, call the Workers Compensation Division at the Department of Consumer and Business Services at 800-452-0288.
- **Tax Withholding:** Employers must withhold Social Security Tax and Federal Income Tax from employee wages. You may be liable for the tax payment, even if you didn't actually withhold the tax. For a Federal EIN number, go online to [www.irs.gov](http://www.irs.gov).

## Other Responsibilities of Homeowners:

- **Code Compliance:** As the permit holder for a construction project, the homeowner is responsible for notifying building officials at the appropriate times, so that the required inspections can be performed. Homeowners are also responsible for resolving any failure to meet code requirements that may be found through inspections.
- **Property Damage and Liability Insurance:** Homeowners acting as their own contractors should contact their insurance agent to ensure adequate insurance coverage for accidents and omissions, such as falling tools, paint overspray, water damage from pipe punctures, fire, or work that must be redone. Liability Insurance must be sufficient to cover injuries to persons on the job site who are not otherwise covered as employees by Workers Compensation Insurance.
- **Expertise:** Homeowners should make sure they have the skills to act as their own general contractor, and the expertise required to coordinate the work of both rough-in and finish trades.

CONSTRUCTION CONTRACTORS BOARD  
PO Box 14140, Salem, OR 97309-5052  
Telephone: 503-378-4621 – Fax: 503-373-2007  
Website Address: [www.oregon.gov/ccb](http://www.oregon.gov/ccb)



2

June 14, 2017

Sean McGovern  
5764 SE 115th Ave.  
Portland, OR 97266

RE: McGovern Remodel  
5764 SE 115th Ave.  
Portland, OR 97266  
BCE LLC Job No. 17013

Dear Sean:

Attached please find the structural engineering calculation set (Sheets C1 through C6) which verifies the structural adequacy of the new 4x10 beam and 4x6 post framing in an interior wall within the house at the subject address. The south post load path is continued into the crawl space below and carried by a 4x4 post atop a 16" square footing as shown in the attached detail (Sheet SK-1).

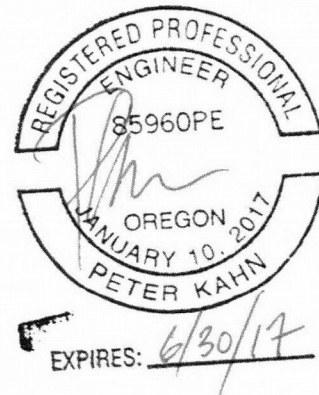
Design is based on the provisions of the 2012 International Building Code as amended by the 2014 Oregon Structural Specialty Code.

Thank you for requesting our services and please do not hesitate to call if you have any questions.

Sincerely,

Peter Kahn, P.E.  
Principal | Project Lead  
Bridge City Engineering LLC

571982881-171





NAME: PK  
PROJECT: M<sup>c</sup>GOVERN  
LOCATION: PORTLAND



DATE: 6/14/17  
SHEET #: C1

**PROJECT SUMMARY:**

RESIDENTIAL REMODEL, LIGHT FRAMED WOOD CONSTRUCTION. PARTIAL DEMO OF WALL TO EXTEND AN EXISTING OPENING TO A 10'-0" HEADERED PASS THROUGH. SUPPORT FRAME OF NEW OPENING CONSISTS OF 4X10 BEAM AND 4X6 POSTS AT EACH END. THE NORTH END POST LANDS ON THE FULL HEIGHT CMU STEM WALL. THE SOUTH POST LOAD PATH IS COMPLETED WITH A 4X4 POST IN CRAWL ATOP A NEW CONCRETE SPREAD FOOTING.

**GOVERNING DESIGN CODES:**

2012 IBC, 2014 OSSC

**DESIGN CRITERIA:**

**ADDRESS:** 5764 SE 115<sup>TH</sup> AVE., PORTLAND, OREGON

**LOCATION LAT/LONG:** N/A

**LOADS:**

**DEAD:** ROOF = 12 PSF  
FLOOR = 10 PSF

**LIVE:** ROOF = 20 PSF  
UNINHABITABLE ATTIC = 20 PSF  
HABITABLE ATTIC = 30 PSF

**SNOW:** ROOF = 25 PSF (MIN. PER OSSC) ← CONTROLS ROOF TRANSIENT LOAD

**GEO:** ALLOWABLE SOIL BEARING PRESSURE = 1500 PSF

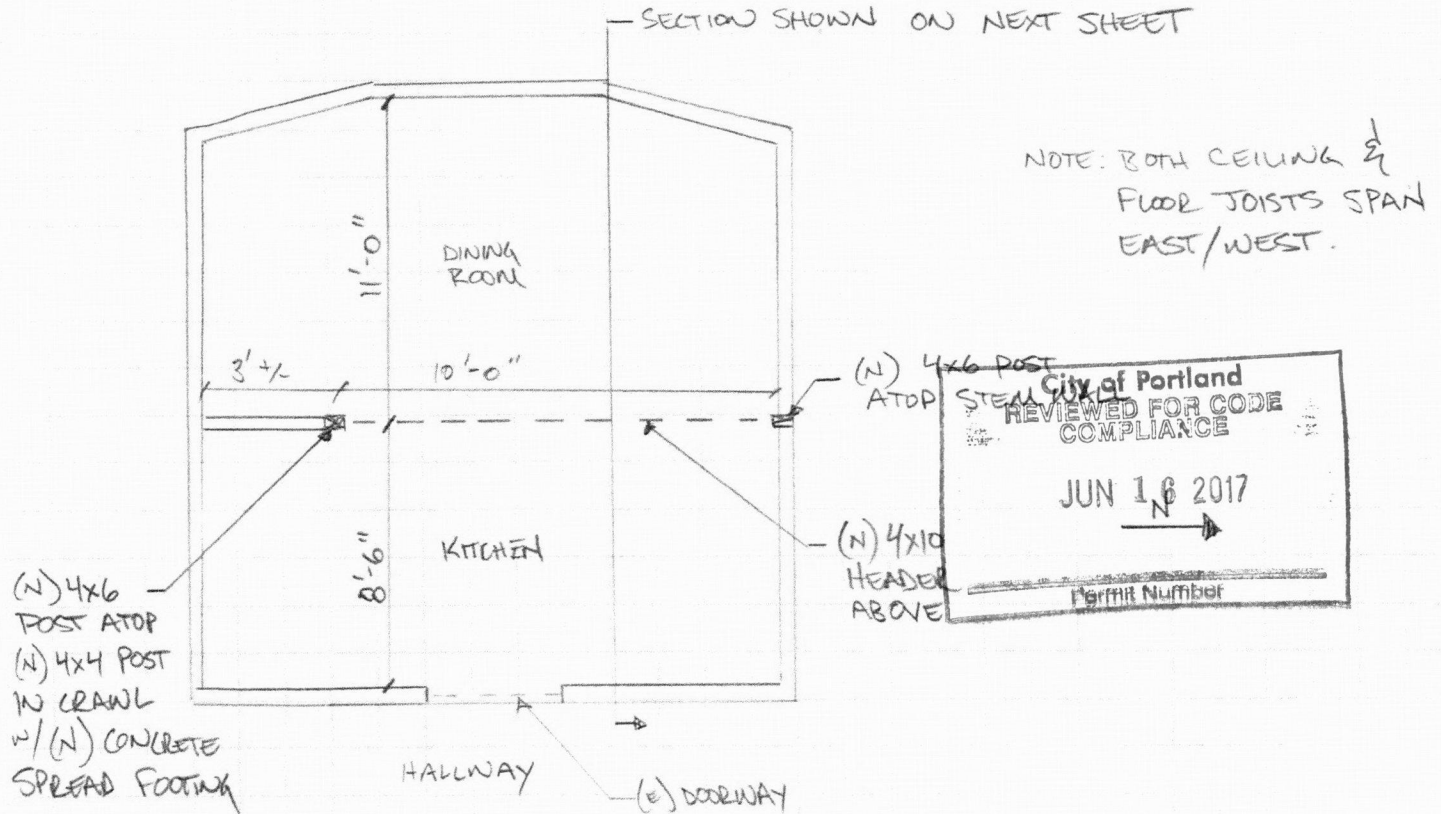
**CONCRETE:** MIN. NOMINAL CONCRETE COMPRESSIVE STRENGTH = 2500 PSI

NAME:  
PROJECT:  
LOCATION:



DATE:  
SHEET #: 02

SCHEMATIC PARTIAL PLAN: SHOWING AREA W/ (N) HEADERED PASS THROUGH OPENING

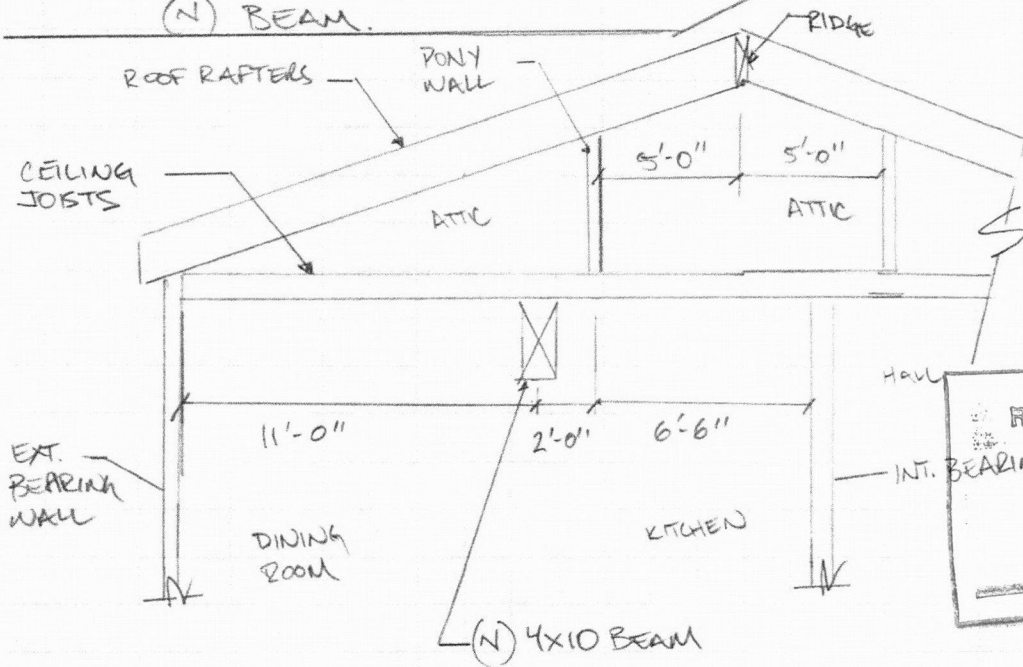


NAME: PK  
 PROJECT: MCGOVERN  
 LOCATION: PORTLAND



DATE:  
 SHEET #: 13

SCHEMATIC CROSS-SECTION: SHOWING LOAD PATH TRIBUTARY TO (N) BEAM.



City of Portland  
 REVIEWED FOR CODE  
 COMPLIANCE  
 JUN 16 2017  
 Permit Number  
 N.T.S.

DETERMINE LOAD TO BEAM: ROOF:  $D = (5 + \frac{13}{2})12 = 138 \#/\text{ft}$   
 $S = (5 + \frac{13}{2})25 = 288 \#/\text{ft}$  } LOAD W  
 } PONY WALL

ATTIC:  $D = \frac{1}{2}(11 + 8.5)10 = 98 \#/\text{ft}$   
 $L = [\frac{1}{2}(11) + 2]20 + \frac{1}{2}(6.5)30 = 248 \#/\text{ft}$

PORTION TO BEAM = 76%  
 $\therefore D = 0.76(138) = 105 \#/\text{ft}$   
 $S = 0.76(288) = 219 \#/\text{ft}$

$\therefore$  TOTAL LOAD TO BEAM:  $D = 203 \#/\text{ft}$   
 $L = 248 \#/\text{ft}$   
 $S = 219 \#/\text{ft}$

CRITICAL COMBO:  
 $D + 0.75L + 0.75S$

BEAM CLEAR SPAN = 10'-0"

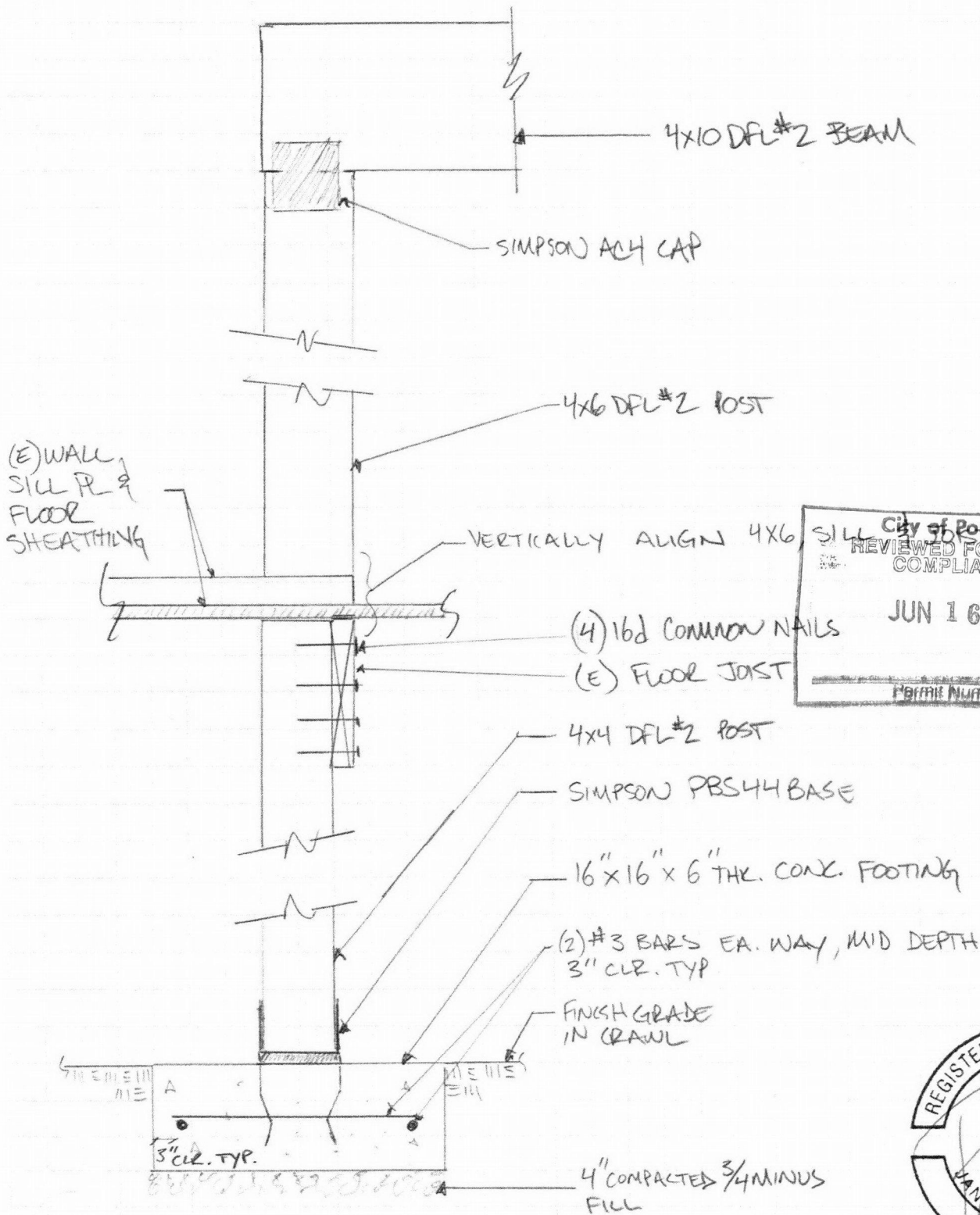
4x10 DF-L BEAM OK  $D_{CR} = 0.952$

SEE NEXT SHEET FOR RESULTS

NAME: PK  
 PROJECT: MCGOVERN  
 LOCATION: PORTLAND



DATE: 6/14/17  
 SHEET #: SK-1



City of Portland  
 REVIEWED FOR CODE COMPLIANCE  
 JUN 16 2017  
 Permit Number



EXPIRES: 6/30/17

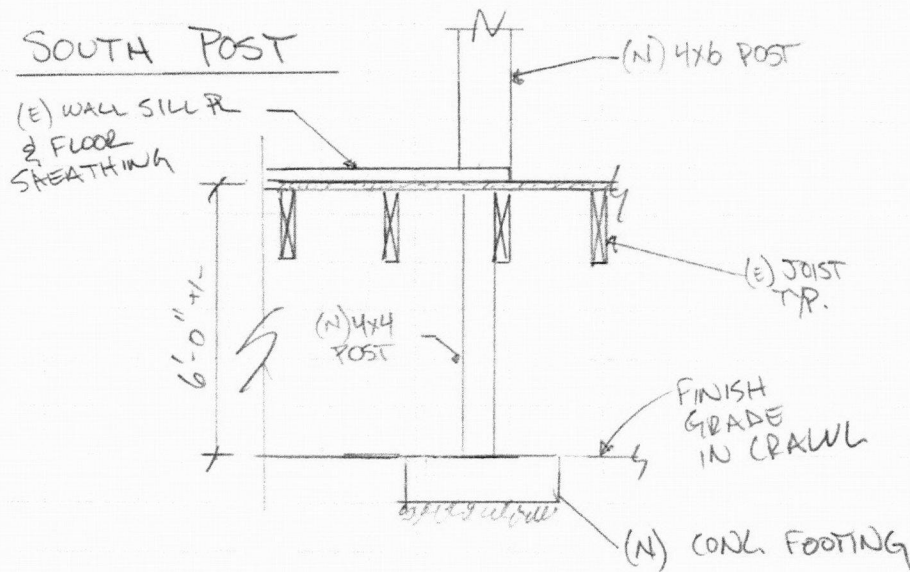
1 SOUTH POST CONNECTION DETAIL  
 SK-1 N.T.S.



NAME:  
PROJECT:  
LOCATION:



DATE:  
SHEET #: 06



SCAN

17-188286 RS

LOAD TRANSFERED TO 4x4 POST = 2.741k (FROM PREVIOUS)

HEIGHT = 6'-0" +/-

4x4 POST OK. DR = 0.232

SEE PREVIOUS SHEET

SIZE SPREAD FOOTING

$$2741 \# / 1500 \text{ psf} = \left( 1.8 \frac{\text{ft}^2}{\text{ft}} \right)^{1/2} = 1.3' \times 12 = 15.6''$$

∴ USE 16" SQ. FOOTING

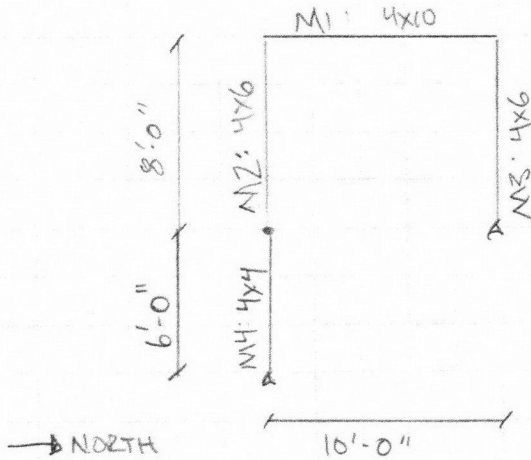
SEE SK-1 FOR DETAILS

NAME:  
PROJECT:  
LOCATION:



DATE:  
SHEET #: 04

MODEL USED FOR ANALYSIS:



(N) 4x10 BEAM SUPPORTED AT EA. END  
w/ 4x6 POSTS

CONSERVATIVELY ANALYZE w/ 8'-0" HT.

LOAD FROM BEAM = 2.766<sup>k</sup> AT EA. END

4x6 COLUMN OK. DCR = 0.236

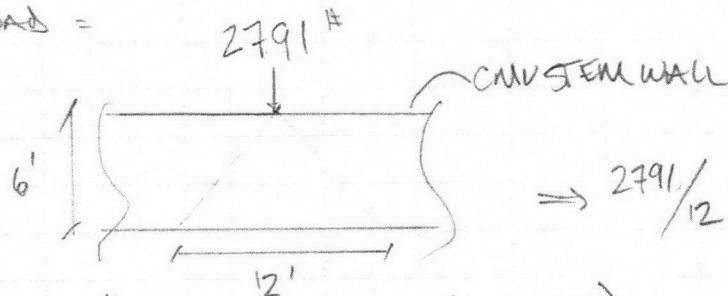
SEE NEXT SHEET FOR RESULTS

NORTH POST LOADS ON 6'-0" TALL CMU STEM WALL  
STEM WALL IS PARALLEL TO FLOOR & CEILING JOISTS.

CONSERVATIVELY ASSUME 1/2 ROOF TRIB TO WALL LINE

$$\therefore \underset{\substack{\uparrow \\ \text{ROOF}}}{13' \frac{1}{2}} (12 + 25 \text{ psf}) + \underset{\substack{\uparrow \\ \text{EXT. WALL}}}{10' \times 8 \text{ psf}} = 320 \#/\text{ft}$$

DISTRIBUTED POST LOAD =



$$\Rightarrow 2791 / 12 = 233 \#/\text{ft}$$

CONSERVATIVELY ASSUME 8" FOOTING  $\Rightarrow \therefore (320 + 233) / \frac{8}{12} = 830 \text{ psf} < 1500 \text{ psf}$   
OK.



Company : Bridge City Engineering LLC  
 Designer : PK  
 Job Number : 17013  
 Model Name : McGovern

June 13, 2017  
 6:15 PM  
 Checked By: \_\_\_\_\_

05

**Wood Design Parameters**

	Label	Shape	Length[...]	le2[ft]	le1[ft]	le-bend to...	le-bend bo...	Kyy	Kzz	CV	Cr	y sway	z sway
1	M1	4X10	10					Lbyy					
2	M2	4X6P	8					Lbyy					
3	M3	4X6P	8					Lbyy					
4	M4	4X4P	6					Lbyy					

**Member Distributed Loads (BLC 1 : D)**

	Member Label	Direction	Start Magnitude[k/ft...	End Magnitude[k/ft.F...	Start Location[ft.%]	End Location[ft.%]
1	M1	Y	-203	-203	0	10

**Member Distributed Loads (BLC 2 : L)**

	Member Label	Direction	Start Magnitude[k/ft...	End Magnitude[k/ft.F...	Start Location[ft.%]	End Location[ft.%]
1	M1	Y	-248	-248	0	10

**Member Distributed Loads (BLC 3 : S)**

	Member Label	Direction	Start Magnitude[k/ft...	End Magnitude[k/ft.F...	Start Location[ft.%]	End Location[ft.%]
1	M1	Y	-219	-219	0	10

**Load Combination Design**

	Description	ASIF	CD	ABIF	Service	Hot Rolled	Cold For...	Wood	Concrete	Masonry	Footings	Aluminum	Connecti...
1	D+L						Yes	Yes	Yes	Yes	Yes	Yes	Yes
2	D+S						Yes	Yes	Yes	Yes	Yes	Yes	Yes
3	D+0.75L+0.3S						Yes	Yes	Yes	Yes	Yes	Yes	Yes

**Maximum Member Section Forces**

	LC	Member	Lab...	Axial[k]	Loc[ft]	y Shear[k]	Loc[ft]	z Shear[k]	Loc[ft]	Torque[k-...	Loc[ft]	y-y Moment[...	Loc[ft]	z-z Moment[...	Loc[ft]
1	3	M1	m...	0	0	2.741	0	0	0	0	0	0	0	4.735	10
2			min	0	0	-2.791	10	0	0	0	0	0	0	-2.305	5
3	3	M2	m...	2.741	0	0	0	0	0	0	0	0	0	0	0
4			min	2.741	0	0	0	0	0	0	0	0	0	0	0
5	3	M3	m...	2.791	0	0	0	0	0	0	0	0	0	0	0
6			min	2.791	0	0	0	0	0	0	0	0	0	0	0
7	3	M4	m...	2.741	0	0	0	0	0	0	0	0	0	0	0
8			min	2.741	0	0	0	0	0	0	0	0	0	0	0

**Member Wood Code Checks**

	LC	Member	Shape	UC Max	Loc[ft]	Shear...	Loc[ft]	Dir	Fc' [ksi]	Ft' [ksi]	Fb1' [k...	Fb2' [k...	Fv' [ksi]	RB	CL	CP	Eqn
1	3	M1	4X10	.957	10	.718	10	y	.404	.743	1.19	1.32	.18	9.519	.992	.27	3.9-3
2	3	M2	4X6	.234	0	.000	0	z	.608	.878	1.295	1.365	.18	6.565	.996	.368	3.6.3
3	3	M3	4X6	.239	0	.000	0	z	.608	.878	1.295	1.365	.18	6.565	.996	.368	3.6.3
4	3	M4	4X4	.232	0	.000	0	z	.963	1.013	1.5	1.5	.18	4.536	1	.558	3.6.3