



Type of work				Office Use Only		
☐ New construction	☐ Addition/alteration	n/replacement		Permit no:		
Demolition	Other:			Date received:		
Category of construction				By:		
☐ 1 & 2 family dwelling	☐ Commercial/industrial	☐ Accessory I	building			
☐ Multifamily	☐ Master builder	Other:			ne and Two Famil	
Job site information and loc	ation				sed on the value of the value (rounded to the	
Job no.: Job addres	s: 2141 NW 25th Ave			of all equipment, ma	aterials, labor, overheaded on this application.	
City/State/ZIP: Portland, (OR 97210			Valuation:		
Suite/bldg./apt. no.:	Project name: ESCO Plant	t 1 demolitic	on-Phase 1	Number of bedrooms:		
Cross street/directions to job site:	NW 25th and Wilson			Number of bathrooms:		
				Total number of floors:		
Subdivision:	Lot no.TL 100	Tax!map/	R316317	New dwelling area:		square feet
Description of wo	rk			Garage/carport area:		square feet
Demolition of building	4 to slab. No soil distu	rbance this p	ohase.	Covered porch area:		square feet
Building 4 will be demo				Deck area:		square feet
0				Other structure area:		square feet
				Required Data: C		
Provide RS Permit no.				formed. Indicate the of all equipment, ma	sed on the value of the value (rounded to the aterials, labor, overheaded on this application.	nearest dollar)
X Property owner	Tenant	-i- O 1 o		111	106,316	
Name: ESCO Corp		/is.Quaries@	escocorp.con	Existing building area:	28,82	0 square feet
Address: 2141 NW 25th A	ve			New building area:	0	square feet
City/State/ZIP: Portland, OR	3 97210			Number of stories:	1-2	
Phone: 503.778.6493	FAX: 503	.778.6360		Type of construction:	wood, steel 8	concrete
Owner installation: This installation is	being made on property that I own, wh	nich is not intended f	for sale, lease, rent,	Occupancy groups		,
or exchange. Owner signature:			Date:	Existing:		
X Contractor		-	sate.	New:		
Business name:NWDD	E-mail: chot	ffart@nwder	nolition.com	Notice All contractors and s	subcontractors are req	uired to be
Address: P.O. Box 230819		14116 1111401		licensed with the Ore	egon Construction Cor	ntractors Board
City/State/ZIP: Tigard, OR 9				jurisdiction in which	I may be required to be work is being performed	e licensed in the ed.
		(20.1700			I certify that the facts ar	
Phone: 503.638.6900	FAX: 503.	.620.1708			ation are true and comp e. I understand that any	
CCB lic. no. 48263					omission of fact (whether or any other required or	
Authorized signature:				as any misleading sta	atement or omission, ma	y be cause for
Print name: Chad Hoffart		Date: 9/25/	17	of how or when disco	and/or certificate of occu vered.	pancy, regardless
X Applicant	Contact	Person			ork related to this Buildin	
Business name: Northwest	Demolition and Disma	antling			ubject to regulations gov d/or disposal of asbesto	
Contact name: Chad Hof	fart				ork is subject to regulation- based paint, I will comp	
Address: P.O. Box 2308	R19				(initials)	ny with an sach
City/State/ZIP: Tigard, OR 9				Building Permit F		
Phone: 503.638.3900		520.1708		Please refer to fee		- v
CU offert@ny	wdemolition.com			Fees due upon		
E-mail: Chonarten	, acmonition.com				nt received	
Authorized signature:	c m			L	tion expires if a norm	it is not obtained
Print name: Chad Hoffa	art	Date: 9/25	/17		tion expires if a perm	

Jasin Buffer-Brown Site Development Checksheet Response

Permit #: 17-248950-DMO-01-CO

Customer name and phone number: Chad Hoffart, NW Demolition; O(503)638-6900;

C(503)209-0924, email: choffart@nwdemolition.com

Note:

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 addresses. If the item is not in response to a checksheet, write **customer** in the last column.

#	Description of changes, revisions, additions, etc.	Checksheet
4		and Item #
1	Erosion and Sediment Control Plan	
	Site Development reviewed the permit submittal with Jeremy Russel, Senior Site Development Inspector, with BDS Commercial Inspections. To simplify the installation and inspection of the erosion and sediment control measures, please revise the permit drawings (e.g. Figure 2) to show the BMPs to be installed at each catch basin. For example, use different symbols to represent IP1, IP2, and IP3.	See Figures 2, 3, and 4
	Please include a legend on the same sheet that defines IP1, IP2, and IP3 and reference the corresponding detail drawings.	
	Figures 2, 3, and 4 must be stamped by the engineer.	
	Applicant Response. Figure 2 has been revised to include a table of minimum stormwater inlet BMPs that will be in-place during each Demolition Sequence that corresponds to Table 1 of the Stormwater Management Plan / Erosion Control Plan.	
	Additional BMPs may be added depending on site conditions observed during demolition and the professional engineer's judgment. BMPs may also be modified as needed to meet the Discharge Authorization requirements as issued by the Bureau of Environmental Services (BES). Because of the large site area, different BMPs may be installed at various locations and times depending on whether demolition activities will be occurring within respective inlet tributary areas during a particular demolition sequence. Therefore, a reference table is included on Figure 2 showing inlet BMPs by demolition sequence instead of adding multiple icons/symbols at each inlet location. Using a table simplifies the figure and will assist site personnel to streamline implementation of the SWMP/ECP BMPs during onsite activities.	
	Figures 2, 3, and 4 have been revised to include the professional engineer's stamp.	

(For office use only)



Date: 11/20/17

BES Source Control Plan Check Corrections Response

Permit #: <u>17-248950-DMO-01-CO</u> Date: NOVEMBER 3, 2017

Customer name and phone number: Chad Hoffart; O(503)638-6900; C(503)209-0924

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."

Charlengt Checksneet item number."			
Checksheet item number	Description of changes, revisions, additions, etc.	Location on plans	
1	Please describe where and how sampling stormwater will occur. a. Please add this information to the dewatering plan. b. The sampling location(s) must appear on the plan sheets.	Section 6 and Figure 2	
	Applicant Response: Section 6 – Batch Discharge Request – Stormwater Monitoring has been added to Attachment A - Batch Discharge Request Phase 1 Structural Demolition – Supplemental Information. This section describes the frequencies (referenced to Table 1) and locations where stormwater samples will be collected (also denoted on Figure 2).		
	 How do you plan to manage stormwater accumulation in the quench and x-ray pits once the buildings have been removed? a. Please add this information to the dewatering plan. 	Section 6	
	Applicant Response: Section 6.4 has been added to Attachment A - Batch Discharge Request Phase 1 Structural Demolition — Supplemental Information.		
	 Please be aware that once dewatering authorization has been granted, additional information (conditions) may need to be added to the plan prior to permit approval. 	N/A	
•	Applicant Response: Acknowledged. No additional response required by applicant.		
2	If demolition of in-ground structures and foundations are being addressed in a future phase of this project, please note that Figures 4 & 5 are "For Reference Only".	Figure 7	
	Applicant Response: Figure 4 has been revised as suggested (and renumbered to Figure 7). Figure 5 is relevant to checksheet item 1.2) (regarding post-demolition in-ground structure stormwater management) and is left in as originally submitted and is not marked "For Reference Only".		
3	 Plans must indicate how contaminated soil drag-out from trucks will be prevented during demolition activities excavations or how contaminated soils will be prevented from blowing out if offsite transportation for disposal is required. Please revise plan sets showing how these requirements will be met. 	Figure 3 and 4	
	Applicant Response: Designated existing facility entrances (paved) will be maintained for the duration of Phase 1 demolition. Measures including street sweeping and vacuuming will be completed to insure that all paved ingress/egress areas are kept clean. Provisions are included to use a manual tire wash area in the		

"Reclamation Yard" if drag-out is observed on truck wheel cannot be managed using the sweeping and vacuuming E Figure 3 for the location of the wheel wash area and the S Details/Notes on Figure 4.	BMPs. See
2). Stockpiles of soil must: a. Have a barrier on all four sides b. Be covered to protect materials from stormwater co c. Have an impervious layer underneath the stockpile stockpile detail is shown, the impervious layer must represented on the detail) This information must be on the plans even if no stockpiling anticipated Applicant Response: A Standard Detail and Notes for stock been included on Figure 4.	(if a t be

Plan Bin Location: 50 CO



Abigail Cermak BE

PORTLAND, OREGON

BUREAU OF ENVIRONMENTAL SERVICES 1900 SW 4TH AVE, SUITE 2100 Portland, OR 97201



BES SOURCE CONTROL PLAN EXAMINATION CHECK SHEET

Application #

17-248950-DMO-01-CO

Review Date: October 27, 2017

APPLICANT

IVR#

4097568

To:

Chad Hoffart

Northwest Demolition and

Dismantling

PO Box 230819 Tigard, OR 97284 Work 503 638-6900

Home 503 -

choffart@nwdemolition.com

From:

City of Portland

ABIGAIL CERMAK
BES POLLUTION PREVENTION
PLAN REVIEW

Phone Fax

E-Mail

503 823-7577

503 823-4591

cc:

ESCO CORP

CORPORATE TAX DEPT 2141

NW 25TH AVE PORTLAND, OR 97210-2578 Work (503) 778-6384

PROJECT INFORMATION

OWNER

Street Address:

2141 NW 25TH AVE

Description of Work

Demo Building 4 TO SLAB- NO SOIL DISTURBANCE THIS PHASE

The following are items that will need to be addressed prior to plan approval by the Bureau of Environmental Services. Approval of your plan for sanitary and storm management facilities by BES does not mean your building permit can be immediately issued: BES is only one of many bureaus that review your building plan.

Item #	Location	ES is only one of many bureaus that review your building plan. Clarifications / Corrections Required
1.	on plans Figure 2	Dewatering (SCM Section 1.5) Your dewatering application is currently being processed for authorization. Some additional information is needed to complete the dewatering application and the plan review. Please provide the following: 1) Please describe where and how sampling stormwater will occur. a. Please add this information to the dewatering plan. b. The sampling location(s) must appear on the plan sheets. 2) How do you plan to manage stormwater accumulation in the quench and x-ray pits once the buildings have been removed? a. Please add this information to the dewatering plan. 3) Please be aware that once dewatering authorization has been granted, additional information (conditions) may need to be added to the plan prior to permit
		approval. Please revise plans.

BES PLAN EXAMINATION CHECKSHEET

Application # 17-248950-DMO-01-CO
Review Date October 27, 2017

Figures 4 & 5	In-Ground Structures & Soil Disturbance (SCM Section 1.5, SCM Section 1.12) If demolition of in-ground structures and foundations are being addressed in a future phase of this project, please note that Figures 4 & 5 are "For Reference Only".
ESCP	Soil Management on a Known Contaminated Site (SCM Section 1.12, Erosion and Sediment Control Manual) BES Pollution Prevention requires erosion control measures for contaminated sites. This information must be represented on the plan sheets. The information can be shown on the Erosion and Sediment Control Plan sheet or on a separate plan sheet. 1) Plans must indicate how contaminated soil drag-out from trucks will be prevented during demolition activities excavations or how contaminated soils will be prevented from blowing out if offsite transportation for disposal is required. Please revise plan sets showing how these requirements will be met.
	2) Stockpiles of soil must: a. Have a barrier on all four sides b. Be covered to protect materials from stormwater contact c. Have an impervious layer underneath the stockpile (if a stockpile detail is shown, the impervious layer must be represented on the detail) This information must be on the plans even if no stockpiling is anticipated Please also refer to the Site Development checksheet provided by Jason Butler-Brown regarding the other requirements for an Erosion and Sediment Control Plan
	& 5

To respond to this checksheet, come to the Bureau of Development Services located at 1900 SW Fourth Ave. The Development Service Center (1st floor) and Permitting Services (2nd floor) are open Monday through Friday from 8:00 a.m. to 3:00 p.m. (close at noon on Thursday). Please update all sets of submitted drawings by either replacing the original sheets with new sheets, or editing the originally submitted sheets. You can review "How to Update Your Plans in Response to a Checksheet" at http://www.portlandoregon.gov/bds/article/93028 Visit the BDS website for more helpful information and a current listing of services available in the Development Services Center.

Please complete the attached Checksheet Response Form and include it with your re-submittal.

If you have specific questions concerning this Checksheet, please call the Source Control phone number listed above. To check the status of your project, please call 503 823-7000 and select option 4. Your Plan Review Status will be faxed to you, so please be ready to provide a fax number. If you don't have a fax number you may dial 503 823-7357 to request a Plan Review Status or visit Document Services.

You may receive separate Checksheets from other City agencies that will require separate responses.

You have the right to request a modification to the decisions presented in this checksheet via an administrative review as outlined in sections 17.32.150, 17.34.115, 17.36.110, 17.38.060 and 17.39.120 of City Code and in the respective Administrative Rules. To request an administrative review regarding this matter, you must respond in writing within 20 business days of the mailing date of this notice. There is no fee charged for an administrative review, and all penalties and late fees will be stayed pending the outcome of the review process. To request a review you must include the Administrative Review Request Form documenting the reasons for your appeal located at http://www.portlandoregon.gov/bes/68285. Please mail your appeal to the plan reviewer as shown on this checksheet.

Jason Butler Brown Scan Site 64

SITE DEVELOPMENT CHECKSHEET

Application #:

17-248950-DMO-01-CO et al.

Review Date:

Work

email

October 20, 2017

To:

Chad Hoffart
Northwest Demolition and
Dismantling
PO Box 230819

Home 503 -

PO Box 230819 Tigard, OR 97284

rigaru, OK 9

choffart@nwdemolition.com

503 638-6900

From:

BDS SITE
DEVELOPMENT
ENGINEER

JASON BUTLER-BROWN, PE, GE

Phone 503-823-4936 Fax 503-823-5433

Fax 503-823-5433 e-mail Jason.Butler-E

Jason.Butler-Brown@portlandoregon.gov

Cc:

OWNER ESCO CORP
CORPORATE T

CORPORATE TAX DEPT 2141 NW 25TH AVE Work (503) 778-6384

APPLICANT

PORTLAND, OR 97210-2578

PROJECT INFORMATION

Street Address:

2141 NW 25TH AVE

Description of Work:

DEMO (MULTIPLE BUILDINGS) TO SLAB- NO SOIL DISTURBANCE THIS PHASE

PLAN REVIEW

Based on the plans and specifications submitted, the following items appear to be missing or not in conformance with the Oregon Structural Specialty Code, Oregon One and Two Family Dwelling Specialty Code and/or other city, state, or federal requirements.

Item #	Location on plans	Code Section	Clarification / Correction Required			
			Erosion and Sediment Control Plan The description of work noted above shows no soil disturbance for this phase. However the narrative states that incidental soil disturbance may occur. Therefore, the description of work will need to be revised.			
1		PCC 10.30.030 PCC 10.40.020 Erosion and Sediment Control Plan	In addition, the permit drawings must include an erosion and sediment control plan stamped by a Professional Engineer or Certified Professional in Erosion and Sediment Control (CPESC) licensed in the State of Oregon. The plan must show the areas of ground disturbance and the proposed perimeter erosion and sediment control measures, inlet protection measures, and construction site access measures. The plan must include typical detail drawings for the various measures and construction notes. The construction notes must include a note specifying how construction vehicles will access the site without tracking sediment off site if a gravel construction entrance(s) will not be installed during this phase.			

SITE DEVELOPMENT CHECKSHEET

Application #
Review Date:

17-248950-DMO-01-CO October 20, 2017

·	T 20 5		
			In addition, the plan must identify the temporary measures to be installed to cover exposed soils.
			Erosion and Sediment Control Plan – Area of Disturbance
2		Erosion and Sediment Control	Please revise the permit drawings identify the area of ground disturbing activities to be approved under Phase 1 (these permits).
_		Plan	An Oregon DEQ 1200-C permit will be required if the area of ground disturbance exceeds one (1) acre, unless otherwise documented in writing from OR DEQ.
			Demolition Ground Surface Configuration
3 Fig	Figure 3	PCC 24.10.070	It is difficult to discern the differences between the similarly shaded areas; e.g. asphalt, concrete, and soil areas inside existing buildings as well as asphalt/concrete and outdoor soil areas.
3			Please revise the permit drawings to use different hatching patterns or greater contrasting grey shading to define the different areas.
			In-Ground Structures
			Please revise Figures 4 and 5 to show the sheets as "For Reference Only" as they do not depict work included in these permits.
1 4	Figure 4 Figure 5	PCC 24.10.070	In addition, please revise Figure 4 to relocate the note that is superimposed over Section A-A'.
			Finally, please verify the permit drawings show construction fencing or similar measures to be installed at the perimeter of the site to prevent the public (non-construction personnel) from entering the site.

INSTRUCTIONS

To respond to this checksheet, come to the Bureau of Development Services located at 1900 SW Fourth Ave. The Development Service Center (1st floor) and Permitting Services (2nd floor) are open Monday through Friday from 8:00 a.m. to 3:00 p.m. (close at noon on Thursday). Please update all sets of submitted drawings by either replacing the original sheets with new sheets, or editing the originally submitted sheets. You can review "How to Update Your Plans in Response to a Checksheet" at http://www.portlandoregon.gov/bds/article/93028 Visit the BDS website for more helpful information and a current listing of services available in the Development Services Center.

Please complete the attached Checksheet Response Form and include it with your re-submittal.

If you have specific questions concerning this Checksheet, please call me at the phone number listed above. To check the status of your project, go to http://www.portlandonline.com/bds/index.cfm?c=34194. Or, you may request the status to be faxed to you by calling 503-823-7000 and selecting option 4.

You may receive separate Checksheets from other City agencies that will require separate responses.

NEW RECHECK FEE: Please note that for plans submitted on or after July 1, 2010 plan review fees for Life Safety, Structural, Site Development and Planning and Zoning will cover the initial review and up to two checksheets and the reviews of the applicant's responses to those checksheets. All additional checksheets and reviews of applicant responses will be charged \$175.00 per checksheet.

Appeals: Pursuant to City Code Chapters 24.10, 25.07, 26.03, 27.02, and 28.03, you may appeal any code provision cited in this Checksheet to the BDS Administrative Board of Appeal within 180 calendar days of the review date. For information on the appeals process and costs, including forms, appeal fee, payment methods and fee waivers, go to www.portlandoregon.gov/bds/appeals, call (503) 823-7300 or come in to the Development

SITE DEVELOPMENT CHECKSHEET

Application #

17-248950-DMO-01-CO

Review Date:

October 20, 2017

Services Center. Permit application expiration will not be extended pending resolution of any administrative appeal.

Site Development Checksheet Response

Permit #: <u>17-248950-DMO-01-CO</u> Date: November 3, 2017

Customer name and phone number: Chad Hoffart; O(503)638-6900; C(503)209-0924

Note:

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 addresses. If the item is not in response to a checksheet, write **customer** in the last column.

#	Description of changes, revisions, additions, etc.	Checksheet and Item #
1	Erosion and Sediment Control Plan	1
	The description of work noted above shows no soil disturbance for this phase. However the narrative states that incidental soil disturbance may occur. Therefore, the description of work will need to be revised.	
	In addition, the permit drawings must include an erosion and sediment control plan stamped by a Professional Engineer or Certified Professional in Erosion and Sediment Control (CPESC) licensed in the State of Oregon. The plan must show the areas of ground disturbance and the proposed perimeter erosion and sediment control measures, inlet protection measures, and construction site access measures. The plan must include typical detail drawings for the various measures and construction notes. The construction notes must include a note specifying how construction vehicles will access the site without tracking sediment off site if a gravel construction entrance(s) will not be installed during this phase.	
	Applicant Response: As discussed under Item #2, below, "incidental" soil disturbances are expected to be minimal and will be immediately addressed through pre-defined stormwater and erosion control BMPs that will either involve placement of temporary sheeting or placement of filter fabric and armored rock cover to control the soil disturbance. See Table 1 and Figure 4 of the SWMP/ECP for additional information.	
	The cover sheet of the revised permit drawings have been stamped by an Oregon Professional Civil/Environmental Engineer.	
	Figure 3 of the SWMP/ECP depicts the areas of ground disturbance that will occur during Phase 1 demolition activities. Stormwater and erosion control BMPs have been defined on Table 1 and Figure 4. Areas of the existing facility with exposed soil such as abandoned railroad spurs are covered with armor rock/ballast and will not be disturbed during Phase 1 demolition activities; and are therefore not subject to ECP requirements.	
	Proposed perimeter erosion control measures and inlet protection measures, will consist of silt fences, waddles, inlet filtration media,	

	and other BMPs. These control measures will be installed during the individual demolition sequences shown in Figure 1 and defined in Table 1. Typical standard drawings for various erosion control BMPs are shown on Figure 4.	
	Construction site access measures are defined in BMPs "GP1", "GP2", and "GP3" on Table 1 of the SWMP/ECP and in Attachment A to the Batch Discharge Authorization Request. In addition, if necessary, based on observations made by ESCO's PE/CPESC during Phase 1 demolition activities, these BMPs are not sufficient to control vehicle track-out of potentially impacted soil or demolition debris, a manual wheel wash area will be installed in the "Reclamation Yard" as shown on Figure 3 and depicted by the typical standard detail shown on Figure 4.	
	Typical drawings for various SWMP/ECP BMPs are shown on Figure 4.	
2	Erosion and Sediment Control Plan – Area of Disturbance	2
	Please revise the permit drawings identify the area of ground disturbing activities to be approved under Phase 1 (these permits).	
	Applicant Response: Figure 3 has been revised to denote several existing soil areas at the facility that will be exposed during demolition and several existing exposed areas that will not be disturbed during Phase 1. The existing exposed areas are either armored with ballast rock (along abandoned railroad spurs, or are located inside an area that has no runoff) and are not considered to be erodible areas subject to the Stormwater Management Plan/Erosion Control Plan (SWMP/ECP).	
	An Oregon DEQ 1200-C permit will be required if the area of ground disturbance exceeds one (1) acre, unless otherwise documented in writing from OR DEQ.	
	Applicant Response: The total area of exposed soil denoted on Figure 3 subject to the SWMP/ECP is approximately 0.275 acres. Small areas of incidental soil disturbance may occur during demolition activities, however, these areas will be covered as specified by BMP "GP4" on Table 1 and in Note #1 on Figure 3. No more than 0.25 acres of newly exposed/disturbed soil is expected to be generated during Phase 1 demolition activities. Any newly exposed/disturbed area will be managed in accordance with BMP "GP4".	
3	Demolition Ground Surface Configuration	3
	It is difficult to discern the differences between the similarly shaded areas; e.g. asphalt, concrete, and soil areas inside existing buildings as well as asphalt/concrete and outdoor soil areas.	
	Please revise the permit drawings to use different hatching patterns or greater contrasting grey shading to define the different areas.	
	Applicant Response: Figure 3 of the SWMP/ECP has been revised as requested.	

4	In-Ground Structures	4
	Please revise Figures 4 and 5 to show the sheets as "For Reference Only" as they do not depict work included in these permits.	
	In addition, please revise Figure 4 to relocate the note that is superimposed over Section A-A'.	
	Finally, please verify the permit drawings show construction fencing or similar measures to be installed at the perimeter of the site to prevent the public (non-construction personnel) from entering the site.	
	Applicant Response: Figure 4 has been revised as suggested (and renumbered to Figure 7). Figure 5 is relevant to BES' checksheet item 1.2) (regarding post-demolition in-ground structure stormwater management) and is therefore left in as originally submitted without being marked "For Reference Only".	
	A new Figure 6 has been added to depict the site perimeter security fencing that will be installed during Phase 1 demolition activities. Security fencing will consist of existing permanent fencing that will remain in place and temporary perimeter fencing that will be added as demolition sequences are executed.	

(For office use only)





Building Permit Application

Building Permit City of Portland,	Oregon - Burea	17-2 au of Development S 03-823-7300 • TTY 503-823-6868	949327 ervices s·www.portlandoregor	7 - 10 .gov/bds	
Type of work			Office Use Only		
	ddition/alteration/replac	rement	Permit no:		
v	other:	Sement	Date received:		1
Category of construction	utier.		By:		-
☐ 1 & 2 family dwelling ☐ Commercial/	industrial D A	ccessory building	Ly.		
☐ Multifamily ☐ Master builde		other:	Required Data: C	ne and Two Family Dwelling	
Job site information and location		valer.	Permit fees* are bas	ed on the value of the work per-	٦
Job no.: Job address: 2141 NV	V 25th Ave			value (rounded to the nearest dollar) terials, labor, overhead, and the profit d on this application.	
City/State/ZIP: Portland, OR 97210			Valuation:	g 011 till g gppilotion.	1
Suite/bldg./apt. no.: Project name:	ESCO Plant 1 de	molition-Phase 1	Number of bedrooms:		1
Cross street/directions to job site: NW 25th a	nd Wilson		Number of bathrooms:		1
			Total number of floors:		
Subdivision:	Lot no TL 100	R316317	New dwelling area:	square fe	et
Description of work		1010017	Garage/carport area:	square fe	et
Demolition of building 5 to slab. N	o soil disturbanc	re this phase	Covered porch area:	square fe	et
Building 5 will be demolished as pa			Deck area:	square fe	et
	ar or sequence "	Tor rot primot.	Other structure area:	square fe	et
			Required Data: C		
				sed on the value of the work pervalue (rounded to the nearest dollar)	
Provide RS Permit no.			of all equipment, ma	terials, labor, overhead, and the profit	
X Property owner	Tenant			d on this application.	1
Name: ESCO Corp	E-mail: Travis.Qu	uarles@escocorp.com	Existing building area:	1,800 square fe	et
Address: 2141 NW 25th Ave			New building area:	0 square fe	\dashv
City/State/ZIP: Portland, OR 97210			Number of stories:	1	٦
Phone: 503.778.6493	FAX: 503.778.0	6360	Type of construction:	wood, steel & concrete	1
Owner installation: This installation is being made on pro	perty that I own, which is n	ot intended for sale, lease, rent,	Occupancy groups		
or exchange.			Existing:		
Owner signature: X Contractor		Date:	New:		
Business name:NWDD	E mails alsoffants	nwdemolition.com	Notice		4
	E-mail. Chomarte	phwdemoniion.com	licensed with the Or	subcontractors are required to be egon Construction Contractors Board	
Address: P.O. Box 230819				may be required to be licensed in the work is being performed.	,
City/State/ZIP: Tigard, OR 97284			l	I certify that the facts and information	1
Phone: 503.638.6900	FAX: 503.620.	1708		ation are true and complete to the e. I understand that any falsification,	
CCB lic. no. 48263			misrepresentation or	omission of fact (whether intentional or	
Authorized signature:				n or any other required document, as we stement or omission, may be cause for	11
Print name: Chad Hoffart	Date:	9/25/17	revocation of permit a	and/or certificate of occupancy, regardles	SS
X Applicant	Contact Perso			ork related to this Building Permit	
Business name: Northwest Demolition			Application may be si	ubject to regulations governing the	
Ol live CC		-8	based paint. If the wo	d/or disposal of asbestos and/or lead- rk is subject to regulations governing	
			asbestos and/or lead- regulations.	based paint, I will comply with all such (initials)	
Address: P.O. Box 230819			Building Permit		
City/State/ZIP: Tigard, OR 97284			Please refer to fee		
Phone: 503.638.3900	FAX: 503.620.1	708	Fees due upon	application	
E-mail: CHoffart@nwdemolitio	n.com		Amou	nt received	
01-	m		Da	te received	
Authorized signature: Chad Hoffart	Date:	9/25/17		tion expires if a permit is not obtain	

9/25/17

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





Building Permit Application
City of Portland, Oregon - Bureau of Development Services

One of Portland Oregon - Bureau of Development Services

1900	SW 4th Avenue, Portland,	Oregon 97201 •	503-823-7300 • TTY 503	3-823-6868	 www.portlandoregon 	.gov/bds	
Type of work					Office Use Only		
☐ New construction	☐ Addition	/alteration/repla	acement		Permit no:		
Demolition	☐ Other:				Date received:		
Category of construction					By:		
☐ 1 & 2 family dwelling	☐ Commercial/industr	rial 🔲	Accessory building				
☐ Multifamily	☐ Master builder		Other:		Required Data: O	ne and Two Family I	Dwelling
Job site information and	location			200		ed on the value of the w	The same of the sa
Job no.: Job add	dress: 2141 NW 25	th Ave			of all equipment, mat	value (rounded to the neterials, labor, overhead,	
City/State/ZIP: Portland	d, OR 97210				for the work indicated	d on this application.	
Suite/bldg./apt. no.:	Project name: ESCO	O Plant 1 d	lemolition-Phas	se 1	Number of bedrooms:		
Cross street/directions to job s	ite: NW 25th and V	Vilson			Number of bathrooms:		
					Total number of floors:		
Subdivision:	Lot no	TL 100	Taxlmap/	16317	New dwelling area:		square fee
Description or	work		No	10317	Garage/carport area:		square fee
Demolition of building	ng 6 to slab. No soi	l dieturbar	ce this phase		Covered porch area:		square fee
Building 6 will be der					Deck area:		square fee
Dunaing o win be del	nononea ao part or	bequence	"T of 1st phase.		Other structure area:		square fee
					Required Data: C		
						ed on the value of the w value (rounded to the ne	
Provide RS Permit no.					of all equipment, ma	terials, labor, overhead,	
X Property owner		enant			for the work indicated	68 6/4	
Name: ESCO Corp		_{iil:} Travis.C	Quarles@escoco	rp.com	Existing building area:	18,000	square fee
Address: 2141 NW 25th	Ave				New building area:	0	square fee
City/State/ZIP: Portland,	OR 97210				Number of stories:	2	
Phone: 503.778.6493	FAX:	503.778	3.6360		Type of construction:	wood, steel & o	concrete
Owner installation: This installatio				se, rent,	Occupancy groups		1
or exchange.					Existing:		
Owner signature:			Date:		New:		
X Contractor		1 cc .	0 1 144		Notice		
Business name:NWDD		choffart	@nwdemolitio	n.com		ubcontractors are requiregon Construction Contr	
Address: P.O. Box 230						may be required to be li work is being performed	
City/State/ZIP: Tigard, O	R 97284					I certify that the facts and	
Phone: 503.638.6900	FAX:	503.620	.1708		set forth in this applica	ation are true and complet	te to the
CCB lic. no. 48263					misrepresentation or o	 I understand that any fall omission of fact (whether it 	intentional or
Authorized size stores						or any other required doctement or omission, may I	
Authorized signature: Print name: Chad Hoffa	rt	D-1-	9/25/17			nd/or certificate of occupa	
X Applicant		Date Contact Pers				ork related to this Building	Permit
	est Demolition and				Application may be su	bject to regulations gover	rning the
C1 11			8		•	d/or disposal of asbestos a rk is subject to regulations	
					asbestos and/or lead- regulations.	based paint, I will comply	with all such
Address: P.O. Box 23					Building Permit F		
City/State/ZIP: Tigard, O	R 97284				Please refer to fee		
Phone: 503.638.3900	FAX:	503.620.	1708		Fees due upon a		
E-mail: CHoffart@	nwdemolition.com	n			Amour	nt received	
	7.				Date	e received	
Authorized signature: Chad Ho	offart	~~	0/25/15		This permit applicat	tion expires if a permit	is not obtaine
Print name:		Date	9/25/17		within 180 days afte	r it has been accepted	as complete.

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





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

Type of work	Manager and Control of the Control o	Office Use Only	
New construction	Addition/alteration/replacement	Permit no:	
Demolition	Other:	Date received:	
Category of construction		Ву:	
☐ 1 & 2 family dwelling ☐ Comme	ercial/industrial		
☐ Multifamily ☐ Master	builder		One and Two Family Dwelling
Job site information and location			sed on the value of the work per- e value (rounded to the nearest dollar)
Job no.: Job address: 2141	NW 25th Ave	of all equipment, ma	aterials, labor, overhead, and the profit ed on this application.
City/State/ZIP: Portland, OR 9721	10	Valuation:	d on this application.
Suite/bldg./apt. no.: Project nar	me: ESCO Plant 1 demolition-Phase 1	Number of bedrooms:	
Cross street/directions to job site: NW 25	th and Wilson	Number of bathrooms:	
		Total number of floors:	
Subdivision:	Lot no.TL 100 Tax!map/ R31631	7 New dwelling area:	square feet
Description of work	Te 100	Garage/carport area:	square feet
Demolition of building 7 to slab	o. No soil disturbance this phase.	Covered porch area:	square feet
	s part of Sequence #1 of 1st phase.	Deck area:	square feet
	- Para Annon	Other structure area:	square feet
		Required Data: 0	
			sed on the value of the work per- e value (rounded to the nearest dollar)
Provide RS Permit no.		of all equipment, ma	aterials, labor, overhead, and the profit
X Property owner	Tenant	\(\(\) \(ed on this application. 58322
Name: ESCO Corp	E-mail: Travis.Quarles@escocorp.co	Existing building area:	15,300 square feet
Address: 2141 NW 25th Ave		New building area:	0 square feet
City/State/ZIP: Portland, OR 97210		Number of stories:	3
Phone: 503.778.6493	FAX: 503.778.6360	Type of construction:	wood, steel & concrete
	on property that I own, which is not intended for sale, lease, rent	Occupancy groups	
or exchange.	Date	Existing:	
Owner signature: X Contractor	Date:	New:	
Business name:NWDD	E-mail: choffart@nwdemolition.com	Notice	
	L-mail. Chomant@nwdemontion.co.	licensed with the Or	subcontractors are required to be regon Construction Contractors Board
Address: P.O. Box 230819			d may be required to be licensed in the work is being performed.
City/State/ZIP: Tigard, OR 97284			I certify that the facts and information
Phone: 503.638.6900	FAX: 503.620.1708		eation are true and complete to the e. I understand that any falsification,
CCB lic. no.48263		misrepresentation or	omission of fact (whether intentional or
Authorized signature:			n or any other required document, as well atement or omission, may be cause for
Print name: Chad Hoffart	Date: 9/25/17	revocation of permit a	and/or certificate of occupancy, regardless
X Applicant	Contact Person		rork related to this Building Permit
	tion and Dismantling	Application may be s	ubject to regulations governing the d/or disposal of asbestos and/or lead-
Contact name: Chad Hoffart	0	based paint. If the wo	ork is subject to regulations governing
		asbestos and/or lead regulations	-based paint, I will comply with all such (initials)
Address: P.O. Box 230819		Building Permit	
City/State/ZIP: Tigard, OR 97284	502 (00 1500	Please refer to fee	
Phone: 503.638.3900	FAX: 503.620.1708	Fees due upon	application
E-mail: CHoffart@nwdemol	ition.com	Amou	int received
Authorized signature:	m	Da	ite received
Authorized signature: Chad Hoffart	Date: 9/25/17		tion expires if a permit is not obtained
Print name:	Date: 9/25/17	within 180 days after	er it has been accepted as complete.





17-249340-co DMD-01-

Type of work			Lasteria	Office Use Only		
☐ New construction	☐ Addition/alteration	on/replacement		Permit no:		
Demolition	Other:			Date received:		
Category of construction				Ву:		
☐ 1 & 2 family dwelling	☐ Commercial/industrial	☐ Accessory bu	ilding			
☐ Multifamily	☐ Master builder	Other:		Required Data: O	ne and Two Family D	welling
Job site information and I	ocation				ed on the value of the wo	
Job no.: Job add	ress: 2141 NW 25th Av	e		of all equipment, ma	value (rounded to the ne- terials, labor, overhead, a	
City/State/ZIP: Portland	l, OR 97210			for the work indicated	d on this application.	
Suite/bldg./apt. no.:	Project name: ESCO Plan	nt 1 demolition	-Phase 1	Valuation:		
	te: NW 25th and Wilson			Number of bedrooms:		
Cross street/directions to job si	le. 1444 25th and 44 h501	•		Number of bathrooms:		2
Subdivision:	1 1-1	ad T-1/		Total number of floors:		aguara foat
	Lot no.TL 1	00 Tax!map/	R316317	New dwelling area: Garage/carport area:		square feet
Description of w						
	ng 8 to slab. No soil distu			Covered porch area: Deck area:		square feet
Building 8 will be den	nolished as part of Sequ	ence #1 of 1st p	phase.	Other structure area:		square feet
				Required Data: C	ommercial Use	square reet
					ed on the value of the wo	ork per-
Provide RS Permit no.					value (rounded to the ne terials, labor, overhead, a	
X Property owner	Tenant				12 579	
Name: ESCO Corp		vis.Quarles@e	scocorp.con	Existing building area:	3,300	square feet
Address: 2141 NW 25th	Ave			New building area:	0	square feet
City/State/ZIP: Portland, C	OR 97210			Number of stories:	1	1
Phone: 503.778.6493	FAX: 503	3.778.6360		Type of construction:	wood, steel & c	oncrete
	is being made on property that I own, v	which is not intended for	sale, lease, rent,	Occupancy groups		
or exchange.				Existing:		
Owner signature:		Da	te:	New:		
X Contractor		cc in 1	11.1	Notice		
Business name:NWDD		offart@nwdem	olition.com		ubcontractors are require	
Address: P.O. Box 2308				under ORS 701 and	may be required to be lic	
City/State/ZIP: Tigard, OF	R 97284				work is being performed. I certify that the facts and i	nformation
Phone: 503.638.6900	FAX: 503	3.620.1708		set forth in this applica	ation are true and complete	to the
CCB lic. no. 48263					 I understand that any falst mission of fact (whether in 	
				not) in this application	or any other required docutement or omission, may b	ument, as well
Authorized signature: Print name: Chad Hoffar	+	Date: 9/25/17	7	revocation of permit a	nd/or certificate of occupar	
		Date.		of how or when discov		Dameir
X Applicant		t Person			ork related to this Building I bject to regulations govern	
Dadine de manne.	st Demolition and Dism			handling, removal and	I/or disposal of asbestos ark is subject to regulations	nd/or lead-
Contact name: Chad H	ottart			asbestos and/or lead-	based paint, I will comply v	
Address: P.O. Box 23	0819			regulations		
City/State/ZIP: Tigard, OF	R 97284			Building Permit F		
Phone: 503.638.3900	FAX: 503.	620.1708		Fees due upon a		
	nwdemolition.com				nt received	
),,				e received	
Authorized signature:	thank			Lancard Commence	ion expires if a permit is	not obtainer
Print name: Chad Ho	Halt	Date: 9/25/1	7		r it has been accented a	





Building Permit Application

17-249346-60 Services DMO-01-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

Type of work				Office Use Only		
☐ New construction	Addition/alteration/re	eplacement		Permit no:		
Demolition			Date received:			
Category of construction				By:		
☐ 1 & 2 family dwelling ☐ Commerce	cial/industrial	☐ Accessory buil	ding			
☐ Multifamily ☐ Master but	uilder	Other:		Required Data: C	ne and Two Famil	y Dwelling
Job site information and location					sed on the value of the	
Job no.: Job address: 2141	NW 25th Ave			of all equipment, ma	value (rounded to the terials, labor, overhea	
City/State/ZIP: Portland, OR 97210)			for the work indicate Valuation:	d on this application.	
	e: ESCO Plant 1	l demolition	-Phase 1	Number of bedrooms:		
Cross street/directions to job site: NW 25t	h and Wilson			Number of bathrooms:		
				Total number of floors:		
Subdivision:	Lot no.TL 100	lax!map/	R316317	New dwelling area:		square feet
Description of work			1010017	Garage/carport area:		square feet
Demolition of building 9 to slab.	No soil disturb	ance this ph	ase	Covered porch area:		square feet
Building 9 will be demolished as				Deck area:		square feet
Danding 5 win be demonstred as	part of sequent	ee no or rocp		Other structure area:		square feet
				Required Data: C		
					sed on the value of the value (rounded to the	
Provide RS Permit no.				of all equipment, ma	terials, labor, overhea	The state of the s
X Property owner	Tenant			Valuation:	d on this application.	, 8 (B)
Name: ESCO Corp	E-mail: Travis	s.Quarles@es	cocorp.com	Existing building area:	56,55	o square feet
Address: 2141 NW 25th Ave				New building area:	0	square feet
City/State/ZIP: Portland, OR 97210				Number of stories:	1-2	
Phone: 503.778.6493	FAX: 503.7	78.6360		Type of construction:	wood, steel &	k concrete
Owner installation: This installation is being made on	property that I own, which	h is not intended for s	sale, lease, rent,	Occupancy groups		
or exchange. Owner signature:		Date	۵.	Existing:		
X Contractor		Duk	J.	New:		
Business name:NWDD	E-mail: choff:	art@nwdemo	lition com	THE RESIDENCE OF THE PARTY OF T	subcontractors are red	uired to be
Address: P.O. Box 230819	CHOIL	arte ii waciire	muon.com	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.		
City/State/ZIP: Tigard, OR 97284						
	502.6	20.1500			I certify that the facts a	
Phone: 503.638.6900	FAX: 503.62	20.1708			ation are true and comp e. I understand that any	
CCB lic. no. 48263					omission of fact (whether or any other required or	
Authorized signature:				as any misleading sta	tement or omission, ma	ay be cause for
Print name: Chad Hoffart	D	oate: 9/25/17		of how or when disco	and/or certificate of occu vered.	ipancy, regardless
X Applicant	Contact Pe	erson			ork related to this Buildi	
Business name: Northwest Demoliti	on and Disman	ıtling			ubject to regulations gor d/or disposal of asbesto	
Contact name: Chad Hoffart				based paint. If the wo	rk is subject to regulation based paint, I will comp	ons governing
Address: P.O. Box 230819				regulations.		ny with all Such
City/State/ZIP: Tigard, OR 97284				Building Permit I		
Phone: 503.638.3900	FAX: 503.62	0.1708		Please refer to fee		
CII-fft-01:4	1,700			Fees due upon		
E-mail: Chonart@nwdemont	1011,0011				nt received	
Authorized signature:	2			L	tion expires if a perm	it is not obtained
Print name: Chad Hoffart	D	oate: 9/25/13	7		tion expires if a perm er it has been accepte	





Type of work				Office Use Only		
☐ New construction	☐ Addition/alterat	ion/replacement		Permit no:		
Demolition			Date received:			
Category of construction				By:		
☐ 1 & 2 family dwelling ☐	Commercial/industrial	☐ Accessory buildi	ng			
☐ Multifamily ☐	Master builder	Other:		Required Data: C	ne and Two Family Dv	velling
Job site information and location	on				ed on the value of the worl value (rounded to the near	
Job no.: Job address:	2141 NW 25th Av	re		of all equipment, ma	terials, labor, overhead, an	
City/State/ZIP: Portland, OR	97210			Valuation:	d on this application.	
Suite/bldg./apt. no.:	oject name: ESCO Pla	nt 1 demolition-I	Phase 1	Number of bedrooms:		
Cross street/directions to job site: N	W 25th and Wilso	n		Number of bathrooms:		
				Total number of floors:		
Subdivision:	Lot no. TL 1	00 Tax!map/	R316317	New dwelling area:		square feet
Description of work			10317	Garage/carport area:		square feet
Demolition of building 10	to slab. No soil dis	turbance this ph	ase	Covered porch area:		square feet
Building 10 will be demoli				Deck area:		square feet
Junuary 10 War de demon	oned to part of oeq	dence " Tot lot p		Other structure area:		square feet
				Required Data: C	NAMES AND ADDRESS OF THE OWNER, WHEN PARTY OF	
				The state of the s	sed on the value of the work value (rounded to the near	and forman and a second
Provide RS Permit no.				of all equipment, ma	terials, labor, overhead, an	
X Property owner	Tenant			Valuation:	d on this application.	
Name: ESCO Corp		avis.Quarles@esc	ocorp.com	Existing building area:	<i>57 904</i> ′10,800	square feet
Address: 2141 NW 25th Ave				New building area:	0	square feet
City/State/ZIP: Portland, OR 92	7210			Number of stories:	1	
Phone: 503.778.6493	FAX: 50	3.778.6360		Type of construction:	steel & concrete	
Owner installation: This installation is bein	g made on property that I own,	which is not intended for sal	e, lease, rent,	Occupancy groups		
or exchange. Owner signature:		Date:		Existing:		
X Contractor		Date.		New:		
Business name:NWDD	F-mail: ch	offart@nwdemol	ition com	Notice	subcontractors are required	I to be
Address: P.O. Box 230819	TE mail: CII	onartenwacmon	tion.com	licensed with the Or	egon Construction Contrac	tors Board
The state of the s	104				may be required to be lice work is being performed.	nsed in the
City/State/ZIP: Tigard, OR 972				Statement of Fact:	I certify that the facts and int	
Phone: 503.638.6900	FAX: 50	3.620.1708			ation are true and complete t e. I understand that any falsif	
CCB lic. no. 48263				misrepresentation or omission of fact (whether intentional or		
Authorized signature:				as any misleading sta	or any other required docur tement or omission, may be	cause for
Print name: Chad Hoffart		Date: 9/25/17		revocation of permit a	ind/or certificate of occupant vered.	y, regardless
X Applicant	Contac	t Person		I acknowledge that we	ork related to this Building Pe	ermit
	emolition and Disn			the state of the s	ubject to regulations governing d/or disposal of asbestos and	•
Contact name: Chad Hoffar	rt			based paint. If the wo	rk is subject to regulations g	overning
				regulations.	based paint, I will comply wi (initials)	th all such
Address: P.O. Box 230819 City/State/ZIP: Tigard, OR 972				Building Permit	ees*	
Phone: 503.638.3900		.620.1708		Please refer to fee		
	1700.	.020.1700		Fees due upon	application	
E-mail: CHoffart@nwd	emolition.com			Amou	nt received	
Authorized signature:	~ h~	~		L	te received	
Print name: Chad Hoffart		Date: 9/25/17			tion expires if a permit is er it has been accepted as	





Type of work		Office Use Only	
	ddition/alteration/replacement	Permit no:	
Demolition		Date received:	
Category of construction		By:	
☐ 1 & 2 family dwelling ☐ Commercial/i	ndustrial	Dy.	
☐ Multifamily ☐ Master builde		Required Data: Or	ne and Two Family Dwelling
Job site information and location	a other.	Permit fees* are base	ed on the value of the work per-
Job no.: Job address: 2141 NV	V 25th Ave		value (rounded to the nearest dollar) erials, labor, overhead, and the profit
City/State/ZIP: Portland, OR 97210		Valuation:	on the approach.
	ESCO Plant 1 demolition-Phase 1	Number of bedrooms:	
Cross street/directions to job site: NW 25th a	nd Wilson	Number of bathrooms:	
		Total number of floors:	
Subdivision:	Lot no. TL 100 Tax!map/ R316317	New dwelling area:	square feet
Description of work	1010017	Garage/carport area:	square feet
Demolition of building 11 to slab. N	No soil disturbance this phase	Covered porch area:	square feet
Building 11 will be demolished as p		Deck area:	square feet
Daniang II win be demonstred as p	are of sequence # 1 of 1st phase.	Other structure area:	square feet
		Required Data: Co	
Provide RS Permit no.		formed. Indicate the v	ed on the value of the work per- value (rounded to the nearest dollar) erials, labor, overhead, and the profit
X Property owner	Tenant Consider Consi	\L. -C -	87192
Name: ESCO Corp	E-mail: Travis.Quarles@escocorp.con	Existing building area:	16, 356 square feet
Address: 2141 NW 25th Ave		New building area:	0 square feet
City/State/ZIP: Portland, OR 97210		Number of stories:	3
Phone: 503.778.6493	FAX: 503.778.6360	Type of construction:	wood, steel & concrete
Owner installation: This installation is being made on prop	perty that I own, which is not intended for sale, lease, rent,	Occupancy groups	
or exchange. Owner signature:	Date:	Existing:	
X Contractor	Butc.	New:	
Business name:NWDD	E-mail: choffart@nwdemolition.com	Notice	ubcontractors are required to be
Address: P.O. Box 230819	enonart@nwaemontion.com	licensed with the Ore	gon Construction Contractors Board
			may be required to be licensed in the york is being performed.
City/State/ZIP: Tigard, OR 97284			certify that the facts and information
Phone: 503.638.6900	FAX: 503.620.1708		tion are true and complete to the I understand that any falsification,
CCB lic. no. 48263		misrepresentation or or	mission of fact (whether intentional or
Authorized signature:			or any other required document, as well ement or omission, may be cause for
Print name: Chad Hoffart	Date: 9/25/17	revocation of permit an	nd/or certificate of occupancy, regardless
X Applicant	Contact Person		rk related to this Building Permit
Business name: Northwest Demolition		Application may be sub	oject to regulations governing the
Cl. lil C.	8	based paint. If the work	or disposal of asbestos and/or lead- c is subject to regulations governing
		asbestos and/or lead-b regulations (i	pased paint, I will comply with all such initials)
Address: P.O. Box 230819		Building Permit Fo	
City/State/ZIP: Tigard, OR 97284	F02 (20 1500	Please refer to fee s	
Phone: 503.638.3900	FAX: 503.620.1708	Fees due upon a	pplication
E-mail: CHoffart@nwdemolition	n.com	Amount	received
Authorized signature:	~~~	Date	received
Authorized signature: Chad Hoffart	Date: 9/25/17		on expires if a permit is not obtained





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

17-249350-60 Services DMO-01-

Type of work		Office Use Only		
☐ New construction ☐ A	ddition/alteration/replacement	Permit no:		
¥ Demolition □ 0		Date received:		
Category of construction		By:		
☐ 1 & 2 family dwelling ☐ Commercial/i	ndustrial			
☐ Multifamily ☐ Master builde	or Other:	Required Data: O	ne and Two Family Dwelling	
Job site information and location			ed on the value of the work per-	
Job no.: Job address: 2141 NV	V 25th Ave	of all equipment, mat	value (rounded to the nearest dollar) terials, labor, overhead, and the profit	
City/State/ZIP: Portland, OR 97210		for the work indicated Valuation:	d on this application.	
Suite/bldg./apt. no.: Project name: I	ESCO Plant 1 demolition-Phase 1	Number of bedrooms:		
Cross street/directions to job site: NW 25th a	nd Wilson	Number of bathrooms:		
		Total number of floors:		
Subdivision:	Lot no. TL 100 Tax!map/ R316317	New dwelling area:	square feet	
Description of work	1010017	Garage/carport area:	square feet	
Demolition of building 12 to slab. N	To soil disturbance this phase.	Covered porch area:	square feet	
Building 12 will be demolished as p		Deck area:	square feet	
1	1	Other structure area:	square feet	
		Required Data: C		
Provide RS Permit no.		formed. Indicate the	ed on the value of the work per- value (rounded to the nearest dollar) terials, labor, overhead, and the profit d on this application.	
Name: ESCO Corp	Tenant E-mail: Travis.Quarles@escocorp.com		42 892	
	E-mail: 11avis.Quaries@escocorp.com	Existing building area:	8,000 square feet	
Address: 2141 NW 25th Ave		New building area:	0 square feet	
City/State/ZIP: Portland, OR 97210		Number of stories:	1	
Phone: 503.778.6493	FAX: 503.778.6360	Type of construction:	wood, steel & concrete	
Owner installation: This installation is being made on propor exchange.	erty that I own, which is not intended for sale, lease, rent,	Occupancy groups		
Owner signature:	Date:	Existing:		
X Contractor	340.	Notice		
Business name:NWDD	E-mail: choffart@nwdemolition.com		ubcontractors are required to be	
Address: P.O. Box 230819		licensed with the Ore	egon Construction Contractors Board may be required to be licensed in the	
City/State/ZIP: Tigard, OR 97284			work is being performed.	
Phone: 503.638.6900	FAX: 503.620.1708		I certify that the facts and information	
CCB lic. no. 48263	FAX: 503.620.1708	set forth in this application are true and complete to the best of my knowledge. I understand that any falsification,		
CCD IIC. 110. 402U 3			omission of fact (whether intentional or or any other required document, as well	
Authorized signature:		as any misleading sta	tement or omission, may be cause for nd/or certificate of occupancy, regardless	
Print name: Chad Hoffart	Date: 9/25/17	of how or when discov		
X Applicant	Contact Person		ork related to this Building Permit	
Business name: Northwest Demolition	and Dismantling	handling, removal and	bject to regulations governing the disposal of asbestos and/or lead-	
Contact name: Chad Hoffart			rk is subject to regulations governing based paint, I will comply with all such	
Address: P.O. Box 230819		regulations	(initials)	
City/State/ZIP: Tigard, OR 97284		Building Permit F		
Phone: 503.638.3900	FAX: 503.620.1708	Please refer to fee s	I	
E-mail: CHoffart@nwdemolition			nt received	
			e received	
Authorized signature: Chad Hoffart		L	ion expires if a permit is not obtained	
Print name: Chad Hollart	Date: 9/25/17		r it has been accepted as complete.	

within 180 days after it has been accepted as complete.





Type of work			Office Use Only		
☐ New construction	☐ Addition/alteration/replacement		Permit no:		
Demolition	Other:		Date received:		
Category of construction			By:		
☐ 1 & 2 family dwelling ☐ Comme	rcial/industrial				
☐ Multifamily ☐ Master I	builder		Required Data: C	ne and Two Family Dwelling	
Job site information and location				sed on the value of the work pervalue (rounded to the nearest dollar)	
Job no.: Job address: 2141	NW 25th Ave		of all equipment, ma	terials, labor, overhead, and the profit	
City/State/ZIP: Portland, OR 9721	0		for the work indicate Valuation:	d on this application.	
Suite/bldg./apt. no.: Project nar	ne: ESCO Plant 1 demolition-Phase	2 1	Number of bedrooms:		
Cross street/directions to job site: NW 25	th and Wilson		Number of bathrooms:		
			Total number of floors:		
Subdivision:	Lot no. TL 100 Tax!map/ R316	6317	New dwelling area:	square feet	
Description of work	1010	001,	Garage/carport area:	square feet	
Demolition of building 13 to sla	b. No soil disturbance this phase.		Covered porch area:	square feet	
	as part of Sequence #4 of 1st phase.		Deck area:	square feet	
	1		Other structure area:	square feet	
			Required Data: C		
Provide RS Permit no.			formed. Indicate the of all equipment, ma	sed on the value of the work pervalue (rounded to the nearest dollar) aterials, labor, overhead, and the profit of on this application.	
X Property owner Name: ESCO Corp	Tenant E-mail: Travis.Quarles@escocorg	n com	Valuation:	27,879	
	E-mail: 11avis.Quaries@escocorp	p.com	Existing building area:	5,200 square feet	
Address: 2141 NW 25th Ave			New building area:	0 square feet	
City/State/ZIP: Portland, OR 97210			Number of stories:	1	
Phone: 503.778.6493	FAX: 503.778.6360		Type of construction:	wood, steel & concrete	
Owner installation: This installation is being made of or exchange.	n property that I own, which is not intended for sale, lease,	, rent,	Occupancy groups		
Owner signature:	Date:		Existing:		
X Contractor			New:		
Business name:NWDD	E-mail: choffart@nwdemolition.	.com		subcontractors are required to be	
Address: P.O. Box 230819				egon Construction Contractors Board may be required to be licensed in the	
City/State/ZIP: Tigard, OR 97284				work is being performed.	
Phone: 503.638.6900	FAX: 503.620.1708			I certify that the facts and information	
CCB lic. no. 48263	170. 303.020.1700		set forth in this application are true and complete to the best of my knowledge. I understand that any falsification,		
CCB IIC. 110. 10203				omission of fact (whether intentional or or any other required document, as well	
Authorized signature:			Control of the Contro	atement or omission, may be cause for and/or certificate of occupancy, regardless	
Print name: Chad Hoffart	Date: 9/25/17		of how or when disco		
X Applicant	Contact Person			ork related to this Building Permit ubject to regulations governing the	
Business name.	ion and Dismantling		handling, removal and	d/or disposal of asbestos and/or lead-	
Contact name: Chad Hoffart			asbestos and/or lead-	rk is subject to regulations governing based paint, I will comply with all such	
Address: P.O. Box 230819			regulations.		
City/State/ZIP: Tigard, OR 97284			Building Permit I		
Phone: 503.638.3900	FAX: 503.620.1708		Fees due upon		
E-mail: CHoffart@nwdemol	tion.com		Amou	nt received	
0	5		Da	te received	
Authorized signature: Chad Hoffart	Date: 9/25/17			tion expires if a permit is not obtained	
Print name:	Date: 9/25/17		within 180 days after	er it has been accepted as complete.	





<u> </u>			
Type of work		Office Use Only	
☐ New construction	☐ Addition/alteration/replacement	Permit no:	
Demolition	Other:	Date received:	
Category of construction		By:	
☐ 1 & 2 family dwelling ☐ Comm	ercial/industrial		
☐ Multifamily ☐ Master	builder	Required Data: C	ne and Two Family Dwelling
Job site information and location			ed on the value of the work per-
Job no.: Job address: 214	1 NW 25th Ave	of all equipment, ma	value (rounded to the nearest dollar) terials, labor, overhead, and the profit d on this application.
City/State/ZIP: Portland, OR 972	10	Valuation:	o on the application.
Suite/bldg./apt. no.: Project na	ame: ESCO Plant 1 demolition-Phase 1	Number of bedrooms:	
Cross street/directions to job site: NW 25	5th and Wilson	Number of bathrooms:	
		Total number of floors:	
Subdivision:	Lot no. TL 100 Tax!map/ R316317	New dwelling area:	square feet
Description of work	1.010017	Garage/carport area:	square feet
	ab. No soil disturbance this phase.	Covered porch area:	square feet
	as part of Sequence #4 of 1st phase.	Deck area:	square feet
	Pare or sequence # 1 or 100 prace.	Other structure area:	square feet
		Required Data: C	
Provide RS Permit no.		formed. Indicate the of all equipment, ma	sed on the value of the work pervalue (rounded to the nearest dollar) terials, labor, overhead, and the profit d on this application.
X Property owner Name: ESCO Corp	Tenant E-mail: Travis.Quarles@escocorp.co	Matagland	19, 730 3,680 square feet
	E-mail: 11avis.Quaries@escocorp.co	Existing building area:	3,680 square feet
Address: 2141 NW 25th Ave		New building area:	0 square feet
City/State/ZIP: Portland, OR 97210		Number of stories:	1
Phone: 503.778.6493	FAX: 503.778.6360	Type of construction:	wood, steel & concrete
	on property that I own, which is not intended for sale, lease, rent,	Occupancy groups	
or exchange. Owner signature:	Date:	Existing:	
X Contractor	Date.	New:	
Business name:NWDD	E-mail: choffart@nwdemolition.com	Notice	subcontractors are required to be
Address: P.O. Box 230819	2 mail: Chonart@nwdcmontion.com	licensed with the Or	egon Construction Contractors Board
		under ORS 701 and jurisdiction in which	may be required to be licensed in the work is being performed.
City/State/ZIP: Tigard, OR 97284		Statement of Fact:	I certify that the facts and information
Phone: 503.638.6900	FAX: 503.620.1708		ation are true and complete to the e. I understand that any falsification,
CCB lic. no. 48263		misrepresentation or	omission of fact (whether intentional or
Authorized signature:		as any misleading sta	or any other required document, as well tement or omission, may be cause for
Print name: Chad Hoffart	Date: 9/25/17	revocation of permit a	and/or certificate of occupancy, regardless vered.
X Applicant	Contact Person		ork related to this Building Permit
	ition and Dismantling	Application may be so	ubject to regulations governing the d/or disposal of asbestos and/or lead-
Contact name: Chad Hoffart	-	based paint. If the wo	rk is subject to regulations governing
Address: P.O. Box 230819		asbestos and/or lead- regulations.	based paint, I will comply with all such (initials)
City/State/ZIP: Tigard, OR 97284		Building Permit I	ees*
Phone: 503.638.3900	FAX: 503.620.1708	Please refer to fee	
CU offert @myydemes	1700.	Fees due upon	application
E-mail: CHoffart@nwdemo	пион.сот		nt received
Authorized signature:	man		te received
Print name: Chad Hoffart	Date: 9/25/17	The Contract of the Contract o	tion expires if a permit is not obtained er it has been accepted as complete.





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

17-249357-co ment Services DMO-01-

Type of work		Office Use Only	
☐ New construction ☐ A	ddition/alteration/replacement	Permit no:	
Y Demolition □ ○	other:	Date received:	
Category of construction		Ву:	
☐ 1 & 2 family dwelling ☐ Commercial/i	industrial		
☐ Multifamily ☐ Master builde	er	The same of the sa	e and Two Family Dwelling
Job site information and location			d on the value of the work per- alue (rounded to the nearest dollar)
Job no.: Job address: 2141 NV	V 25th Ave	of all equipment, mate	rials, labor, overhead, and the profit
City/State/ZIP: Portland, OR 97210		for the work indicated (on this application.
	ESCO Plant 1 demolition-Phase 1	Number of bedrooms:	
Cross street/directions to job site: NW 25th a	nd Wilson	Number of bathrooms:	
		Total number of floors:	
Subdivision:	Lot no. TL 100 Tax!map/ R316317	New dwelling area:	square feet
Description of work		Garage/carport area:	square feet
Demolition of building 15 to slab. N	No soil disturbance this phase.	Covered porch area:	square feet
Building 15 will be demolished as p		Deck area:	square feet
1		Other structure area:	square feet
		Required Data: Co	
		formed. Indicate the va	d on the value of the work per- alue (rounded to the nearest dollar)
Provide RS Permit no.		of all equipment, mate for the work indicated	rials, labor, overhead, and the profit on this application.
Name: ESCO Corp	Tenant E-mail: Travis.Quarles@escocorp.com		106.684
•	E-mail: 11avis.Quaries@escocorp.com	Existing building area:	28,920 square feet
Address: 2141 NW 25th Ave		New building area:	0 square feet
City/State/ZIP: Portland, OR 97210		Number of stories:	1-2
Phone: 503.778.6493	FAX: 503.778.6360	Type of construction:	steel & concrete
Owner installation: This installation is being made on propor exchange.	perty that I own, which is not intended for sale, lease, rent,	Occupancy groups	
Owner signature:	Date:	Existing:	×
X Contractor		Notice	
Business name:NWDD	E-mail: choffart@nwdemolition.com		ocontractors are required to be
Address: P.O. Box 230819		licensed with the Oreg	on Construction Contractors Board hay be required to be licensed in the
City/State/ZIP: Tigard, OR 97284			ork is being performed.
Phone: 503.638.6900	FAX: 503.620.1708		certify that the facts and information on are true and complete to the
CCB lic. no. 48263	FAX. 303.020.1708	best of my knowledge. I	understand that any falsification,
COD IIC. 110. TOZO 3			nission of fact (whether intentional or or any other required document, as well
Authorized signature:			ment or omission, may be cause for d/or certificate of occupancy, regardless
Print name: Chad Hoffart	Date: 9/25/17	of how or when discove	
X Applicant	Contact Person		related to this Building Permit ject to regulations governing the
Business name: Northwest Demolition	and Dismantling	handling, removal and/o	or disposal of asbestos and/or lead-
Contact name: Chad Hoffart			is subject to regulations governing ased paint, I will comply with all such
Address: P.O. Box 230819		regulations (ir	
City/State/ZIP: Tigard, OR 97284		Building Permit Fe	
Phone: 503.638.3900	FAX: 503.620.1708	Please refer to fee so	
E-mail: CHoffart@nwdemolition	n.com	Amount	
			received
Authorized signature: Chad Hoffart	200	L	on expires if a permit is not obtained
Print name:	Date: 9/25/17		it has been accepted as complete.

Date:

within 180 days after it has been accepted as complete.





Building Permit Application

17-249359-60
velopment Services DMO-01-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

Type of work		Office Use Only	
☐ New construction	☐ Addition/alteration/replacement	Permit no:	
Demolition	Other:	Date received:	
Category of construction		Ву:	
☐ 1 & 2 family dwelling ☐ Co	mmercial/industrial		
☐ Multifamily ☐ Ma	ster builder	Required Data: 0	One and Two Family Dwelling
Job site information and location			sed on the value of the work per- value (rounded to the nearest dollar)
Job no.: Job address: 2	141 NW 25th Ave	of all equipment, ma	aterials, labor, overhead, and the profit ed on this application.
City/State/ZIP: Portland, OR 9		Valuation:	
	et name: ESCO Plant 1 demolition-Phase 1	Number of bedrooms:	
Cross street/directions to job site: NW	25th and Wilson	Number of bathrooms:	
0.1-2-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1		Total number of floors:	
Subdivision:	Lot no. TL 100 Tax!map/ R3163	New dwelling area:	square feet
Description of work		Garage/carport area:	, square feet
Demolition of building 17 to	slab. No soil disturbance this phase.	Covered porch area:	square feet
	ned as part of Sequence #2 of 1st phase.	Deck area:	square feet
0	Table 1	Other structure area:	square feet
		Required Data: 0	
Provide RS Permit no. X Property owner	Tanant .	formed. Indicate the of all equipment, ma	sed on the value of the work per- value (rounded to the nearest dollar) aterials, labor, overhead, and the profit ed on this application.
Name: ESCO Corp	Tenant E-mail: Travis.Quarles@escocorp.	Valuation:	38,867
Address: 2141 NW 25th Ave	E-mail. 114 vio. Quaries & escocorp.	Existing building area:	15,000 square feet
		New building area:	0 square feet
City/State/ZIP: Portland, OR 972		Number of stories:	1
Phone: 503.778.6493	FAX: 503.778.6360	Type of construction:	steel & concrete
Owner installation: This installation is being more exchange.	nade on property that I own, which is not intended for sale, lease, re		
Owner signature:	Date:	Existing:	
X Contractor		Notice	
Business name:NWDD	E-mail: choffart@nwdemolition.co		subcontractors are required to be
Address: P.O. Box 230819		licensed with the Or	egon Construction Contractors Board
City/State/ZIP: Tigard, OR 97284	1		I may be required to be licensed in the work is being performed.
			I certify that the facts and information
Phone: 503.638.6900	FAX: 503.620.1708		ation are true and complete to the e. I understand that any falsification,
CCB lic. no. 48263		misrepresentation or	omission of fact (whether intentional or
Authorized signature:		as any misleading sta	atement or omission, may be cause for
Print name: Chad Hoffart	Date: 9/25/17	revocation of permit a	and/or certificate of occupancy, regardless vered.
X Applicant	Contact Person	I acknowledge that w	ork related to this Building Permit
	olition and Dismantling		ubject to regulations governing the d/or disposal of asbestos and/or lead-
Contact name: Chad Hoffart		based paint. If the wo	ork is subject to regulations governing -based paint, I will comply with all such
Address: P.O. Box 230819		regulations	
City/State/ZIP: Tigard, OR 97284	1	Building Permit	
Phone: 503.638.3900	FAX: 503.620.1708	Please refer to fee	
CII. ff. 40 - 1	170%	Fees due upon	
E-mail: CHoffart@nwder			nt received
Authorized signature:	Lun	L	te received
Print name: Chad Hoffart	Date: 9/25/17		tion expires if a permit is not obtained er it has been accepted as complete.







Date received: State Sta	Type of work				Office Use Only			
Security of construction	☐ New construction		☐ Addition/alteration/r	eplacement	Permit no:			
□ 1 & 2 family dwelling □ Commercial/industrial □ Accessory building □ Multifamily □ Gaster builder □ Other: Job 5 site information and location Job address: 2141 NW 25th Ave City/State/ZIP: Portland, OR 97210 Suite/bidg/pot; no: Project name: ESCO Plant 1 demolition-Phase 1 Cross street/directions to job site. NW 25th and Wilson Suidulision: Lot no: TL 100 □ Taximspi R316317 Description of work Demolition of building 18 to slab. No soil disturbance this phase. Building 18 will be demolished as part of Sequence #3 of 1st phase. Building 18 will be demolished as part of Sequence #3 of 1st phase. Building 18 will be demolished as part of Sequence #3 of 1st phase. Address: 2141 NW 25th Ave Contractor Name ESCO Corp E-mail: Travis.Quarles@escocorp.com Address: 2141 NW 25th Ave Contractor Covered porch area: square feet Required Data: Commercial Use Permit fees' are based on the value (provided the network per- formed, inclicate the value (provided to the nearest older) of the work indicated on this application. Name ESCO Corp E-mail: Travis.Quarles@escocorp.com Address: 2141 NW 25th Ave Contractor Demonstructure area. Sequence et al. (Covered porch area: square feet Required Data: Commercial Use Permit fees' are based on the value (provided the nearest old older) for the work indicated to the nearest old older) for the work indicated to the nearest old older) for the work indicated to the nearest old older) for the work indicated to the nearest old older) for the work indicated to the nearest old older to the work per- formed. Indicate the value (provided the nearest old older) for the work indicated to the nearest old older to the work per- formed. Indicate the value (provided the nearest old older) for the work indicated to the nearest old older to the work per- formed. Indicate the value (provided the nearest old older) for the work indicated to the nearest old older to the work per- formed. Indicate the value (provided the nearest old older) for the work indicated to the nearest old older to t	Demolition	☐ Other:			Date received:	Date received:		
Distribution and location Job stations: Portland, OR 97210 Suitephtig/apt. no. Project name: ESCO Plant 1 demolition-Phase 1 Cross street/directions to job site. NW 25th and Wilson Subdivision. Lot no.*TL 100 Taxmap/ R316317 Description of work Demolition of building 18 to slab. No soil disturbance this phase. Building 18 will be demolished as part of Sequence #3 of 1st phase. Building 18 will be demolished as part of Sequence #3 of 1st phase. Provide RS Permit no. X Property owner Provide RS Permit no. X Property owner Address: 2141 NW 25th Ave City/State/Zip- Portland, OR 97210 Phone 503.778.6493 FAX 503.778.6360 Owner installation: This installation is being made on property half own, which is not intended for sale, lease, rent, or each singular between the subspace of the subscending area in the subscending are	Category of construction	1			Ву:			
Job site information and location Job address: 2141 NW 25th Ave Cross street/directions to job site. NW 25th and Wilson Subdivision: Lot no. TL 100 taxmapr R316317 Doscription of work Demolition of building 18 to slab. No soil disturbance this phase. Building 18 will be demolished as part of Sequence #3 of 1st phase. Building 18 will be demolished as part of Sequence #3 of 1st phase. Building 18 will be demolished as part of Sequence #3 of 1st phase. Building 18 will be demolished as part of Sequence #3 of 1st phase. Provide RS Permit no. X Property owner Name. ESCO Corp Lemait: Travis.Quarles@escocorp.com Name. ESCO Corp Lemait: Travis.Quarles@escocorp.com Address: 2141 NW 25th Ave Covered ponds area: Square feet Cover	☐ 1 & 2 family dwelling	☐ Comme	ercial/industrial	☐ Accessory building				
Job address: 2141 NW 25th Ave City/State/ZIP: Portland, OR 97210 Suite/Bidg/apt, no: Project name: ESCO Plant 1 demolition-Phase 1 Cross street/directions to job site: NW 25th and Wilson Suide/Midsion Let no. TL 100 Taximappi R 316317 Description of work Demolition of building 18 to slab. No soil disturbance this phase. Building 18 will be demolished as part of Sequence #3 of 1st phase. Provide RS Permit no. XI Property owner Name: ESCO Corp E-mail: Travis.Quarles@escoorp.com Address: 2141 NW 25th Ave City/State/ZIP: Portland, OR 97210 Phone: 503.678.6493 FAX: 503.778.6360 Comer installation: This installation is being made on properly that I our, which is not intended for sale, lease, rent, or exchange. XI Contractor Business name: NWDD E-mail: choffart@nwdemolition.com Address: P.O. Box 230819 City/State/ZIP: Tigard, OR 97284 Phone: 503.638.6900 FAX: 503.620.1708 Collact name: Chad Hoffart Date: 9/25/17 XI Applicant Contact name: Chad Hoffart Address: P.O. Box 230819 City/State/ZIP: Tigard, OR 97284 Print name: Chad Hoffart Contact name: Chad Hoffart Address: P.O. Box 230819 Collisions and Dismantling Contact name: Chad Hoffart Collect Person Spain Second on the value (rounded on this application. Number of sections.) Namber of bedrooms: Number of bedrooms: Number of bedrooms: Number of bedrooms: Number of bedrooms: Square feet Converted proft nees: square feet Converte	☐ Multifamily	☐ Master	builder	Other:	Required Data: C	one and Two Family D	welling	
of all equipment, materials, labor, overhead, and the profit for city/state/ZIP: Portland, OR 97210 Cross street/directions to job site. NW 25th and Wilson Sundivision. Sundivision. Controlling 18 will be demolished as part of Sequence #3 of 1st phase. Building 18 will be demolished as part of Sequence #3 of 1st phase. Building 18 will be demolished as part of Sequence #3 of 1st phase. Building 18 will be demolished as part of Sequence #3 of 1st phase. Building 18 will be demolished as part of Sequence #3 of 1st phase. Building 18 will be demolished as part of Sequence #3 of 1st phase. Building 18 will be demolished as part of Sequence #3 of 1st phase. Building 18 will be demolished as part of Sequence #3 of 1st phase. Brinding 18 will be demolished as part of Sequence #3 of 1st phase. Brinding 18 will be demolished as part of Sequence #3 of 1st phase. Brinding 18 will be demolished as part of Sequence #3 of 1st phase. Brinding 18 will be demolished as part of Sequence #3 of 1st phase. Brinding 18 will be demolished as part of Sequence #3 of 1st phase. Brinding 18 will be demolished as part of Sequence #3 of 1st phase. Brinding 18 will be demolished as part of Sequence #3 of 1st phase. Brinding 18 will be demolished as part of Sequence #3 of 1st phase. Brinding 18 will be demolished as part of Sequence #3 of 1st phase. Brinding 18 will be demolished as part of Sequence #3 of 1st phase. Brinding 18 will be demolished as part of Sequence #3 of 1st phase. Brinding 18 will be demolished as part of Sequence #3 of 1st phase. Brinding 18 will be demolished as part of Sequence #3 of 1st phase. Brinding 18 will be demolished as part of Sequence #3 of 1st phase. Brinding 18 will be demolished as part of Sequence #3 of 1st phase. Brinding 18 will be demolished as part of Sequence #3 of 1st phase. Brinding 18 will be demolished as part of Sequence #3 of 1st phase. Brinding 18 will be demolished to slab part of Sequence #3 of 1st phase. Brinding 18 will be demolished to slab part of Sequence #3	Job site information and	location						
City/State/ZIP: Portland, OR 97210 Suite/bidg/apt. no Project name: ESCO Plant 1 demolition-Phase 1 Subdivision: Now 25th and Wilson Subdivision: Lot no.TL 100 Laximapi R316317 Description of work Demolition of building 18 to slab. No soil disturbance this phase. Building 18 will be demolished as part of Sequence #3 of 1st phase. Building 18 will be demolished as part of Sequence #3 of 1st phase. Provide RS Permit no. X Property owner Tenant Name. ESCO Corp E-mail: Travis.Quarles@escocorp.com Address: 2141 NW 25th Ave City/State/ZIP: Portland, OR 97210 Phone: 503.778.6493 FAX: 503.778.6360 Owner installation: This installation is being made on property that I own, which is not intended for sale, lease, rent, or exchange. Deate: New Demolition Very Contractor Deate: Property owner Tenant New Demolition Very Contractor Deate: Very Contractor	Job no.: Job ad	dress: 2141	NW 25th Ave		of all equipment, ma	aterials, labor, overhead, ar		
Number of Bedrooms Number	City/State/ZIP: Portlan	d, OR 9721	10			on this application.		
Cross street/directions to job site. NW 25th and Wilson Subdivision: Description of work Demolition of building 18 to slab. No soil disturbance this phase. Building 18 will be demolished as part of Sequence #3 of 1st phase. Building 18 will be demolished as part of Sequence #3 of 1st phase. Building 18 will be demolished as part of Sequence #3 of 1st phase. Provide RS Permit no. X Property owner Name ESCO Corp E-mail: Travis.Quarles@escocorp.com Address: 2141 NW 25th Ave City/State/ZIP: Portland, OR 97210 Phone: 503.778.6493 FAX: 503.778.6360 Cower installation: This installation is being made on property that I own, which is not intended for sale, lease, rent, exchange. Date: X Contractor Business nameNWDD E-mail: choffart@nwdemolition.com Address: P.O. Box 230819 City/State/ZIP: Tigard, OR 97284 Phone: 503.638.6900 FAX: 503.620.1708 CCB lic. no. 48263 Authorized signature: Phone: Chad Hoffart Date: 9/25/17 X Applicant Business name. Northwest Demolition and Dismantling Contact name: Chad Hoffart Contact Person Business name. Northwest Demolition and Dismantling Contact name: Chad Hoffart Address: P.O. Box 230819 City/State/ZIP: Tigard, OR 97284 Province of building area: square fee Deck area: Square fee Covered porch area: square fee Deck area: Covered porch	Suite/bldg./apt. no.:			demolition-Phase 1				
Subdivision: Description of work Description of building 18 to slab. No soil disturbance this phase. Building 18 will be demolished as part of Sequence #3 of 1st phase. Building 18 will be demolished as part of Sequence #3 of 1st phase. Provide RS Permit no. X Property owner Name: ESCO Corp E-mait: Travis.Quarles@escocorp.con Address: 2141 NW 25th Ave City/State/ZIP: Portland, OR 97210 Phone: 503.778.6493 FAX: 503.778.6360 Owner installation: This installation is being made on property that I own, which is not intended for sale, lease, tent, or exchange. Owner signature: Date: XX contractor Business name*VWDD E-mait: choffart@nwdemolition.com Address: P.O. Box 230819 City/State/ZIP: Tigard, OR 97284 Phone: 503.638.6900 FAX: 503.620.1708 CCB Ic. no. 48263 Authorized signature: Print name: Chad Hoffart Date: 9/25/17 X Applicant Contact name: Chad Hoffart Contact Person Business name. Northwest Demolition and Dismantling Contact name: Chad Hoffart Contact Person Business name. Northwest Demolition and Dismantling City/State/ZIP: Tigard, OR 97284 Figure of construction or or or offset of possed or absesses and/or leads of processing subsect or requisitions governing the handing, removed and possed part. If the work is subject to regulations governing the Address: P.O. Box 230819 City/State/ZIP: Tigard, OR 97284 Figure of construction or any of her required to be licensed in the print of t	Cross street/directions to job	site: NW 25	th and Wilson					
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Description of work Demolition of building 18 to slab. No soil disturbance this phase. Building 18 will be demolished as part of Sequence #3 of 1st phase. Building 18 will be demolished as part of Sequence #3 of 1st phase. Deck area: Square fee Deck area: Square fee Covered porch area: Square fee Required Data: Commercial Use Permit dees' are based on the value of the work performed. Indicate the value of the work performed. Covered porch area: Square fee Required porch area:	Subdivision:		Lot no.TL 100	Tax!map/ R31631	7 New dwelling area:		square fee	
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Building 18 will be demolished as part of Sequence #3 of 1st phase. Deck area: Other structure area: Square fee Required Data: Commercial Use Permit fees" are based on the value of the work performed. Indicate the value (rounded to the rearest dollar) of all equipment, materials, labor, overhead, and the profits for the work indicated on this application. X Property owner Name: ESCO Corp E-mail: Travis.Quarles@escocorp.com Address: 2141 NW 25th Ave City/Slate/ZIP: Portland, OR 97210 Phone: 503.678.6493 FAX: 503.778.6360 Owner installation: This installation is being made on property that I own, which is not intended for sale, lease, rent, or exchange. Owner signature: Date: X Contractor Business name\NWDD E-mail: choffart@nwdemolition.com Address: P.O. Box 230819 City/Slate/ZIP: Tigard, OR 97284 Phone: 503.638.6900 FAX: 503.620.1708 CCB lic. no. 48263 Authorized signature: Print name: Chad Hoffart Date: 9/25/17 X Applicant Contact Person Business name. Northwest Demolition and Dismantling Contact name: Chad Hoffart Address: P.O. Box 230819 Contact name: Chad Hoffart Address: P.O. Box 230819 Contact Person Contact			ab. No soil distur	bance this phase.	Covered porch area:		square fee	
Other structure area: Required Data: Commercial Use Permit fees' are based on the value (rounded to the nearest dollar) of all experiment, marie ESCO Corp E-mail: Travis.Quarles@escocorp.con Address: 2141 NW 25th Ave City/State/ZIP: Portland, OR 97210 Phone: 503.778.6493 FAX: 503.778.6360 Owner installation: This installation: Wood, steel & concrete Occupancy groups E-mail: Choffart@nwdemolition.com Address: P.O. Box 230819 City/State/ZIP: Tigard, OR 97284 Phone: 503.638.6900 FAX: 503.620.1708 Contact Person Business name: Northwest Demolition and Dismantling Contact name: Chad Hoffart Address: P.O. Box 230819 City/State/ZIP: Tigard, OR 97284 Phone: 503.638.3900 FAX: 503.620.1708 Contact Person Business name: Northwest Demolition and Dismantling Contact name: Chad Hoffart Address: P.O. Box 230819 City/State/ZIP: Tigard, OR 97284 Phone: 503.638.3900 FAX: 503.620.1708 Contact Person Business name: Northwest Demolition and D					Deck area:		square fee	
Provide RS Permit no. X Property owner Name: BSCO Corp E-mail: Travis.Quarles@escocorp.com Address: 2141 NW 25th Ave City/State/ZIP: Portland, OR 97210 Phone: 503.778.6493 FAX: 503.778.6360 Cowner installation: This installation is being made on property that I own, which is not intended for sale, lease, rent, or exchange. W Contractor Business name: NWDD E-mail: choffart@nwdemolition.com Address: P.O. Box 230819 City/State/ZIP: Tigard, OR 97284 Phone: 503.638.6900 FAX: 503.620.1708 X Applicant Date: 9/25/17 X Applicant Chad Hoffart Date: 9/25/17 X Application and Dismantling Contact name: Chad Hoffart Contact name: Chad Hoffart Date: P.O. Box 230819 City/State/ZIP: Tigard, OR 97284 Business name: Northwest Demolition and Dismantling Contact name: Chad Hoffart Date: 9/25/17 Say Application may be subject to regulations governing the handling, removal and/or disposal of asbestos and/or lead-based paint. I will comply with all such regulations	Junuary 10 mm oc u		as part of seque.	ree we of for prime.	Other structure area:		square fee	
Provide RS Permit no. X Property owner Name: ESCO Corp Address: 2141 NW 25th Ave City/State/ZIP: Portland, OR 97210 Phone: 503.778.6493 FAX: 503.778.6360 Owner installation: This installation is being made on property that I own, which is not intended for sale, lease, rent, or exchange. Owner signature: Date: X Contractor Business name: NWDD E-mail: choffart@nwdemolition.com Address: P.O. Box 230819 City/State/ZIP: Tigard, OR 97284 Phone: 503.638.6900 FAX: 503.620.1708 CCB lic. no. 48263 Authorized signature: Print name: Chad Hoffart Date: X Applicant Contact Person Business name: Northwest Demolition and Dismantling Contact name: Chad Hoffart Date: 9/25/17 Address: P.O. Box 230819 City/State/ZIP: Tigard, OR 97284 Print name: Chad Hoffart Date: 9/25/17 Susiness name: Northwest Demolition and Dismantling Contact name: Chad Hoffart Date: 9/25/17 Susiness name: Northwest Demolition and Dismantling Contact name: Chad Hoffart Date: 9/25/17 Susiness name: Northwest Demolition and Dismantling Contact name: Chad Hoffart Date: 9/25/17 Susiness name: Northwest Demolition and Dismantling Contact name: Chad Hoffart Date: 9/25/17 Susiness name: Northwest Demolition and Dismantling Contact name: Chad Hoffart Date: 9/25/17 Susiness name: Northwest Demolition and Dismantling Contact name: Chad Hoffart Date: 9/25/17 Susiness name: Northwest Demolition and Dismantling Contact name: Chad Hoffart Date: 9/25/17 Susiness name: Northwest Demolition and Dismantling Contact name: Chad Hoffart Date: 9/25/17 Susiness name: Northwest Demolition and Dismantling Contact name: Chad Hoffart Date: 9/25/17 Political Susiness name: Northwest Demolition and Dismantling Contact name: Chad Hoffart Address: P.O. Box 230819 City/State/ZIP: Tigard, OR 97284 Phone: 503.638.3900 For the work indicated on this application. In which work is dealers. Poly Again the								
Name:ESCO Corp E-mail: Travis.Quarles@escocorp.con Address: 2141 NW 25th Ave	Provide RS Permit no.		■ Tenant		formed. Indicate the of all equipment, ma	e value (rounded to the nea aterials, labor, overhead, ar	arest dollar) and the profit	
Address: 2141 NW 25th Ave City/State/ZIP: Portland, OR 97210 Phone: 503.778.6493 Cower installation: This installation is being made on property that I own, which is not intended for sale, lease, rent, or exchange. Owner signature: Date: X Contractor Business name: NWDD E-mail: choffart@nwdemolition.com Address: P.O. Box 230819 City/State/ZIP: Tigard, OR 97284 Phone: 503.638.6900 FAX: 503.620.1708 Authorized signature: Print name: Chad Hoffart Date: 9/25/17 X Applicant Contact Person Business name: Northwest Demolition and Dismantling Contact name: Chad Hoffart Address: P.O. Box 230819 Existing: 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. Lunderstand that any falsification, misrepresentation or omission of fact (whether intentional or not) in this application are true and complete to the best of my knowledge. Lunderstand that any falsification, misrepresentation or omission or 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. Lacknowledge that work related to this Building Permit Application may be subject to regulations governing absetos and/or lead-based paint, I will comply with all such regulations. (Initials application and property assertions). (Initials application in the property of the property				s.Ouarles@escocorp.co	Valuation:	121,429	1/2	
City/State/ZIP: Portland, OR 97210 Phone: 503.778.6493 FAX: 503.778.6360 Owner installation: This installation is being made on property that I own, which is not intended for sale, lease, rent, or exchange. Owner signature: Date: XI Contractor Business name: NVDD E-mail: choffart@nwdemolition.com Address: P.O. Box 230819 City/State/ZIP: Tigard, OR 97284 Phone: 503.638.6900 FAX: 503.620.1708 CCB lic. no. 48263 Authorized signature: Print name: Chad Hoffart Date: 9/25/17 XI Applicant Contact Person Business name: Northwest Demolition and Dismantling Contact Person		n Ave	L-man.			17,000	square feet	
Phone: 503.778.6493 FAX: 503.778.6360 Owner installation: This installation is being made on property that I own, which is not intended for sale, lease, rent, or exchange. Owner signature: Date: X Contractor Business name: NWDD E-mail: choffart@nwdemolition.com Address: P.O. Box 230819 City/State/ZIP: Tigard, OR 97284 Phone: 503.638.6900 FAX: 503.620.1708 CCB lic. no. 48263 Authorized signature: Print name: Chad Hoffart Date: 9/25/17 X Applicant Business name: Northwest Demolition and Dismantling Contact name: Chad Hoffart Address: P.O. Box 230819 City/State/ZIP: Tigard, OR 97284 Business name: Northwest Demolition and Dismantling Contact name: Chad Hoffart Contact Person Business name: Northwest Demolition and Dismantling Contact name: Chad Hoffart Address: P.O. Box 230819 City/State/ZIP: Tigard, OR 97284 Business name: Northwest Demolition and Dismantling Contact name: Chad Hoffart Address: P.O. Box 230819 City/State/ZIP: Tigard, OR 97284 Business name: Northwest Demolition and Dismantling Contact name: Chad Hoffart Address: P.O. Box 230819 City/State/ZIP: Tigard, OR 97284 Building Permit Fees* Please refer to fee schedule					New building area:	_	square fee	
Owner installation: This installation is being made on property that I own, which is not intended for sale, lease, rent, or exchange. Owner signature: Date: X Contractor Business name: NWDD Address: P.O. Box 230819 City/State/ZIP: Tigard, OR 97284 Phone: 503.638.6900 FAX: 503.620.1708 CCB lic. no.48263 Authorized signature: Print name: Chad Hoffart Date: 9/25/17 X Applicant Business name: Northwest Demolition and Dismantling Contact Person Business name: Northwest Demolition and Dismantling Contact name: Chad Hoffart Address: P.O. Box 230819 City/State/ZIP: Tigard, OR 97284 Business name: Northwest Demolition and Dismantling Contact Person Business name: Northwest Demolition and Dismantling Contact Person Business name: Northwest Demolition and Dismantling Contact name: Chad Hoffart Address: P.O. Box 230819 City/State/ZIP: Tigard, OR 97284 Business name: Chad Hoffart Address: P.O. Box 230819 City/State/ZIP: Tigard, OR 97284 Business name: Chad Hoffart Address: P.O. Box 230819 City/State/ZIP: Tigard, OR 97284 Business name: Chad Hoffart Address: P.O. Box 230819 City/State/ZIP: Tigard, OR 97284 Business name: Chad Hoffart Address: P.O. Box 230819 City/State/ZIP: Tigard, OR 97284 Business name: Chad Hoffart Address: P.O. Box 230819 City/State/ZIP: Tigard, OR 97284 Business name: Chad Hoffart Address: P.O. Box 230819 City/State/ZIP: Tigard, OR 97284		OR 9/210		- 0.4040	Number of stories:			
Contractor Business name: NWDD E-mail: choffart@nwdemolition.com Address: P.O. Box 230819 City/State/ZIP: Tigard, OR 97284 Phone: 503.638.6900 FAX: 503.620.1708 CCB lic. no. 48263 Authorized signature: Print name: Chad Hoffart Mapplicant Business name: Northwest Demolition and Dismantling Contact Person Business name: Chad Hoffart Address: P.O. Box 230819 City/State/ZIP: Tigard, OR 97284 Business name: Chad Hoffart Contact Person Business name: Chad Hoffart Contact Person Contact name: Chad Hoffart Contact Person Business name: Chad Hoffart Contact Person Contact name: Chad Hoffart Contact Person Business name: Chad Hoffart Contact Person Contact name: Chad Hoffart Contact Person Contact name: Chad Hoffart Contact Person Contact name: Chad Hoffart Contact Person					—	wood, steel & co	oncrete	
Owner signature: Date: Notice	Owner installation: This installation exchange.	on is being made o	on property that I own, which	h is not intended for sale, lease, rent	,			
Business name:NWDD Address: P.O. Box 230819 City/State/ZIP: Tigard, OR 97284 Phone: 503.638.6900 FAX: 503.620.1708 CCB lic. no.48263 Authorized signature: Print name: Chad Hoffart Business name: Northwest Demolition and Dismantling Contact name: Chad Hoffart Address: P.O. Box 230819 City/State/ZIP: Tigard, OR 97284 Phone: 503.638.3900 E-mail: choffart@nwdemolition.com All contractors and subcontractors are 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	Owner signature:			Date:				
Address: P.O. Box 230819 City/State/ZIP: Tigard, OR 97284 Phone: 503.638.6900 FAX: 503.620.1708 CCB lic. no. 48263 Authorized signature: Print name: Chad Hoffart Date: 9/25/17 MApplicant Business name: Northwest Demolition and Dismantling Contact Person Contact Person Business name: Chad Hoffart Contact name: Chad Hoffart Address: P.O. Box 230819 City/State/ZIP: Tigard, OR 97284	X Contractor				Notice			
Address: P.O. Box 230819 City/State/ZIP: Tigard, OR 97284 Phone: 503.638.6900 CCB lic. no. 48263 Authorized signature: Print name: Chad Hoffart Business name: Northwest Demolition and Dismantling Contact Person Business name: Chad Hoffart Address: P.O. Box 230819 City/State/ZIP: Tigard, OR 97284 Building Permit Fees* Please refer to fee schedule Lack 200, 1708 Lack	Business name:NWDD		E-mail: choffa	art@nwdemolition.co				
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 (initials) Building Permit Fees* Please refer to fee schedule	Address: P.O. Box 230	819						
Phone: 503.638.6900 CCB lic. no. 48263 Authorized signature: Print name: Chad Hoffart Business name: Northwest Demolition and Dismantling Contact name: Chad Hoffart Address: P.O. Box 230819 City/State/ZIP: Tigard, OR 97284 Press 503.638.3900 FAX: 503.620.1708 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 (initials) Building Permit Fees* Please refer to fee schedule	City/State/ZIP: Tigard, O	R 97284						
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 (initials) Building Permit Fees* Please refer to fee schedule	Phone: 503.638.6900		FAX: 503.6	20.1708	set forth in this applic	cation are true and complete	to the	
Authorized signature: Print name: Chad Hoffart Date: 9/25/17	CCB lic. no. 48263							
Print name: Chad Hoffart Date: 9/25/17 Contact Person					not) in this application	n or any other required docu	ment, as well	
Applicant Business name: Northwest Demolition and Dismantling Contact name: Chad Hoffart Address: P.O. Box 230819 City/State/ZIP: Tigard, OR 97284 There 503 638 3900 Contact Person Lacknowledge 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 (initials) Building Permit Fees* Please refer to fee schedule	Authorized signature: Chad Hoffa	rt		9/25/17	revocation of permit a	and/or certificate of occupant		
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				atc.			lormit .	
Contact name: Chad Hoffart Address: P.O. Box 230819 City/State/ZIP: Tigard, OR 97284 Chad Hoffart Chad Hoffart Description: Chad Hoffart Address: P.O. Box 230819 City/State/ZIP: Tigard, OR 97284 Chad Hoffart Description: Chad Ho	NI41	est Demoli			Application may be s	ubject to regulations governi	ing the	
Address: P.O. Box 230819 City/State/ZIP: Tigard, OR 97284 Please refer to fee schedule	Ol 17			8				
City/State/ZIP: Tigard, OR 97284 Please refer to fee schedule							ith all such	
City/State/ZiP: 11ga1d, OR 9/264 Please refer to fee schedule								
Phone: 503.638.3900 FAX: 503.620.1708		R 97284				CHARLES NOW WAS DESCRIPTION OF THE PARTY OF		
reco due aport apprication			1700.	0.1708	Fees due upon	application		
E-mail: CHoffart@nwdemolition.com Amount received	E-mail: CHoffart(nwdemol	ition.com		Amou	nt received		
Authorized signature: CL 6-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2	Authorized signature:	26			Da	te received		
Chad Hoffart O/25 / 17 This permit application expires if a permit is not obtained	Authorized signature: Chad Ho	offart	P	9/25/17				





Type of work				Office Use Only	
☐ New construction	☐ Addition/altera	tion/replacement		Permit no:	
Demolition	Other:			Date received:	
Category of construction				By:	
☐ 1 & 2 family dwelling	Commercial/industrial	☐ Accessory building			
☐ Multifamily	Master builder	Other:		Required Data: C	ne and Two Family Dwelling
Job site information and local	tion				ed on the value of the work per-
Job no.: Job address:	2141 NW 25th A	ve		of all equipment, ma	value (rounded to the nearest dollar) terials, labor, overhead, and the profit d on this application.
City/State/ZIP: Portland, O	R 97210			Valuation:	d on the appheation.
Suite/bldg./apt. no.:	Project name: ESCO Pla	nt 1 demolition-Phas	se 1	Number of bedrooms:	
Cross street/directions to job site:	NW 25th and Wilso	n		Number of bathrooms:	
				Total number of floors:	
Subdivision:	Lot no.TL	[00] Tax!map/ R3	16317	New dwelling area:	square feet
Description of work		No.	10317	Garage/carport area:	square feet
Demolition of building 1		sturbance this phase		Covered porch area:	square feet
Building 19 will be demo			e	Deck area:	square feet
Danding 15 win be demo	moned as part of sec	quence #2 of 1st phase		Other structure area:	square feet
				Required Data: C	ommercial Use
					sed on the value of the work pervalue (rounded to the nearest dollar)
Provide RS Permit no.				of all equipment, ma	terials, labor, overhead, and the profit
X Property owner	Tenan			Valuation:	d on this application.
Name: ESCO Corp		avis.Quarles@escoco	rp.com	Existing building area:	35,000 square feet
Address: 2141 NW 25th Av	re			New building area:	0 square feet
City/State/ZIP: Portland, OR	97210			Number of stories:	1-2
Phone: 503.778.6493	FAX: 50	3.778.6360		Type of construction:	wood, steel & concrete
Owner installation: This installation is be	eing made on property that I own	which is not intended for sale, leas	se, rent,	Occupancy groups	
or exchange.		Data		Existing:	
Owner signature: X Contractor		Date:		New:	
Business name: NWDD	E mail: ch	offart@nwdemolitio	n com	Notice	
	L-mail. CI	ionari@nwdemonilor	ii.com	licensed with the Ore	subcontractors are required to be egon Construction Contractors Board
Address: P.O. Box 230819	720.4				may be required to be licensed in the work is being performed.
City/State/ZIP: Tigard, OR 97					I certify that the facts and information
Phone: 503.638.6900	FAX: 50	3.620.1708			ation are true and complete to the e. I understand that any falsification,
CCB lic. no. 48263				misrepresentation or	omission of fact (whether intentional or
Authorized signature:					or any other required document, as well tement or omission, may be cause for
Print name: Chad Hoffart		Date: 9/25/17		revocation of permit a	and/or certificate of occupancy, regardless
X Applicant	Conta	ct Person			ork related to this Building Permit
	Demolition and Disi			Application may be su	ubject to regulations governing the
Cl lil CC				based paint. If the wo	d/or disposal of asbestos and/or lead- rk is subject to regulations governing
				asbestos and/or lead- regulations.	based paint, I will comply with all such (initials)
Address: P.O. Box 23081				Building Permit F	
City/State/ZIP: Tigard, OR 97				Please refer to fee	ANNANCES MANAGEMENT AND
Phone: 503.638.3900	1700	3.620.1708		Fees due upon	
E-mail: CHoffart@nw	demolition.com			Amour	nt received
Authorized air - turn	'~ ~~	~~		Dat	te received
Authorized signature: Chad Hoffar	t	Date: 9/25/17			tion expires if a permit is not obtained
Print name:		Date: 9/25/17		within 180 days after	er it has been accepted as complete.





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Type of work		Office Use Only	
New construction	☐ Addition/alteration/replacement	Permit no:	
Demolition	Other:	Date received:	
Category of construction		Ву:	
☐ 1 & 2 family dwelling ☐ Co	ommercial/industrial		
	aster builder		ne and Two Family Dwelling
Job site information and location			ed on the value of the work per- value (rounded to the nearest dollar)
Job no.: Job address: 2	2141 NW 25th Ave		terials, labor, overhead, and the profit
City/State/ZIP: Portland, OR 9		Valuation:	2 off tillo application.
	ct name: ESCO Plant 1 demolition-Phase 1	Number of bedrooms:	
Cross street/directions to job site: NW	V 25th and Wilson	Number of bathrooms:	
Subdivision:		Total number of floors:	2
Subdivision	Lot no. TL 100 Tax!map/ R3163	New dwelling area:	square feet
Description of work		Garage/carport area:	square feet
Demolition of building 20 to	o slab. No soil disturbance this phase.	Covered porch area:	square feet
	hed as part of Sequence #3 of 1st phase.	Deck area:	square feet
		Other structure area:	square feet
		Required Data: C	
Provide RS Permit no.		formed. Indicate the	ed on the value of the work pervalue (rounded to the nearest dollar) terials, labor, overhead, and the profit don this application.
X Property owner Name: ESCO Corp	Tenant E-mail: Travis.Quarles@escocorp.o	1/1	78,57/
	E-mail: Travis.Quaries@escocorp.c	Existing building area:	11,000 square feet
Address: 2141 NW 25th Ave		New building area:	0 square feet
City/State/ZIP: Portland, OR 972	210	Number of stories:	
Phone: 503.778.6493	FAX: 503.778.6360	Type of construction:	wood, steel & concrete
Owner installation: This installation is being ror exchange.	made on property that I own, which is not intended for sale, lease, ren		
Owner signature:	Date:	Existing:	
X Contractor		Notice	
Business name:NWDD	E-mail: choffart@nwdemolition.co		ubcontractors are required to be
Address: P.O. Box 230819			egon Construction Contractors Board may be required to be licensed in the
City/State/ZIP: Tigard, OR 9728	4		work is being performed.
Phone: 503.638.6900	FAX: 503.620.1708		I certify that the facts and information ation are true and complete to the
CCB lic. no. 48263	703.020.1700	best of my knowledge.	. I understand that any falsification,
GCB IIC. 110. 10203			omission of fact (whether intentional or or any other required document, as well
Authorized signature:			tement or omission, may be cause for nd/or certificate of occupancy, regardless
Print name: Chad Hoffart	Date: 9/25/17	of how or when discov	
X Applicant	Contact Person		ork related to this Building Permit bject to regulations governing the
Basiness name.	nolition and Dismantling	handling, removal and	I/or disposal of asbestos and/or lead-
Contact name: Chad Hoffart		asbestos and/or lead-l	k is subject to regulations governing based paint, I will comply with all such
Address: P.O. Box 230819		regulations(
City/State/ZIP: Tigard, OR 9728	4	Building Permit F	
Phone: 503.638.3900	FAX: 503.620.1708	Fees due upon a	
E-mail: CHoffart@nwde	molition.com		nt received
a. Ol	- 6	Date	e received
Authorized signature: Chad Hoffart	Date: 9/25/17		ion expires if a permit is not obtained
Print name:	Date: 9/25/17	within 180 days afte	r it has been accepted as complete.





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

Date roceived: By: Date roceived: By: Date roceived: Date	Type of work				Office Use Only	
By Commercial findustrial Accessory building Distriction District Provided Research public District Provided Research	☐ New construction ☐ A	ddition/alteration/r	replacement		Permit no:	
□ 1 & 2 family dwelling □ Commercial/industrial □ Accessory building □ Multirarily □ Other: □ Multirarily □ Other: □ Sob Set information and location Job Back of Commercial Set of Section 1 of Sec	X Demolition □ C	ther:			Date received:	
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Building 21 will be demolished as part of Sequence #3 of 1st phase. Deck area:		No soil distu	rbance this pl	nase.	Covered porch area:	square feet
Office structure area: Required Data: Commercial Use Permit fees: are based on the value of the work performed. Indicate the value (rounded to the nearest oblar) and all equipment fees: are based on the value of the work performed. Indicate the value (rounded to the nearest oblar) and all equipment fees: are based on the value of the work performed. Indicate the value (rounded to the nearest oblar) and all equipment fees: are based on the value of the work performed. Indicate the value (rounded to the nearest oblar) and all equipment feet of all equipment feets are based on the value of the work performed. Indicate the value (rounded to the nearest oblar) and all equipment feets are based on the value of the work performed. Indicate the value (rounded to the nearest oblar) and all equipment feets and information for the value from the work is application. Notice X Contractor Business name. NWDD E-mail: choffart@nwdemolition.com Address: P.O. Box 230819 City/State/ZIP: Tigard, OR 97284 Phone: 503.638.6900 FAX: 503.620.1708 CCB lic. no.48263 Authorized signature. Print name: Chad Hoffart Date: 9/25/17 X Applicant Print name: Chad Hoffart Date: 9/25/17 Date: 9/25/17 Contact name: Chad Hoffart Date: 9/25/17 Date: 1/25/17 Contact name: Chad Hoffart Date: 9/25/17 Contact name: Chad Hoffart Date: 0/25/17 Contact name:					Deck area:	square feet
Provide RS Permit no. X Property owner Name. ESCO Corp E-mail: Travis.Quarles@escocorp.con Address: 2141 NW 25th Ave Control Common Provide RS Permit no.	, and the second	1		F	Other structure area:	square feet
Provide RS Permit no. X Property owner Name: LSCO Corp E-mail: Travis.Quarles@escocorp.com E-mail: Travis.Quarles@escocorp.com Address: 2141 NW 25th Ave						
Name: ESCO Corp E-mail: Travis.Quarles@escocorp.com Address: 2141 NW 25th Ave	Provide RS Permit no.				formed. Indicate the of all equipment, ma	value (rounded to the nearest dollar) terials, labor, overhead, and the profit
E-mail: 17aVis.Quaries@escocorp.com -mail: 17aVis.Quaries@escocor		THE RESERVE OF THE PARTY OF THE	0 1 0			185 714 (1)
Address: 2141 NW 25th Ave City/State/ZIP: Portland, OR 97210 Phone: 503.778.6493 FAX: 503.778.6360 Owner installation: This installation is being made on property that I own, which is not intended for sale, lease, rent, or exchange. Owner signature: Date: X Contractor Business name: NWDD Address: P.O. Box 230819 City/State/ZIP: Tigard, OR 97284 Phone: 503.638.6900 FAX: 503.620.1708 Authorized signature: Print name: Chad Hoffart Date: 9/25/17 X Applicant Business name: Northwest Demolition and Dismantling Contact Person Business name: Northwest Demolition and Dismantling Contact name: Chad Hoffart Address: P.O. Box 230819 City/State/ZIP: Tigard, OR 97284 Phone: 503.638.3900 FAX: 503.620.1708 E-mail: Choffart@nwdemolition.com Northwest Demolition and Dismantling Contact Person Business name: Northwest Demolition and Dismantling Contact Person Business name: Chad Hoffart Address: P.O. Box 230819 City/State/ZIP: Tigard, OR 97284 Phone: 503.638.3900 FAX: 503.620.1708 E-mail: CHoffart@nwdemolition.com Authorized signature: Print pard: Chad Hoffart Address: P.O. Box 230819 City/State/ZIP: Tigard, OR 97284 Phone: 503.638.3900 FAX: 503.620.1708 E-mail: CHoffart@nwdemolition.com Authorized signature: Date: Demonstration: Wood, steel & concrete Occupancy groups Lity sting: Wood, steel & concrete Occupancy groups Lity sting: New: Notice All Contractors and subcontractors are required to be licensed in the Jurisdiction in which work is being performed. Statement of Fact: Lertify that the facts and information set forth in this application or any other required be permit and complete to the set of my knowledge. Lunderstand 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 frevocation of permit and/or certificate of occupancy, regardless of flow or when discovered. Lacknowledge that work related to this Building Permit		E-mail: I ravis	s.Quaries@es	cocorp.com		26,000 square feet
Phone: 503.778.6493 FAX: 503.778.6360 Owner installation: This installation is being made on property that I own, which is not intended for sale, lease, rent, or exchange. Owner signature: Date: X Contractor Business name: NWDD E-mail: Choffart@nwdemolition.com Address: P.O. Box 230819 City/State/ZIP: Tigard, OR 97284 Phone: 503.638.6900 FAX: 503.620.1708 COB lic. no.48263 Authorized signature: Date: 9/25/17 X Applicant Contact Person Business name: Northwest Demolition and Dismantling Contact name: Chad Hoffart Address: P.O. Box 230819 City/State/ZIP: Tigard, OR 97284 Phone: 503.638.3900 FAX: 503.620.1708 Contact Person Business name: Northwest Demolition and Dismantling Contact name: Chad Hoffart Address: P.O. Box 230819 City/State/ZIP: Tigard, OR 97284 Phone: 503.638.3900 FAX: 503.620.1708 E-mail: CHoffart@nwdemolition.com Authorized signature: Chad Hoffart Address: P.O. Box 230819 City/State/ZIP: Tigard, OR 97284 Phone: 503.638.3900 FAX: 503.620.1708 E-mail: CHoffart@nwdemolition.com Authorized signature: Chad Hoffart Date: 9/25/17 Contact Person Business name: Northwest Demolition and Dismantling Chad Hoffart Address: P.O. Box 230819 City/State/ZIP: Tigard, OR 97284 Phone: 503.638.3900 FAX: 503.620.1708 E-mail: CHoffart@nwdemolition.com Authorized signature: Date: 9/25/17 Date: 9	Address: 2141 NW 25th Ave					0 square feet
Owner installation: This installation is being made on property that I own, which is not intended for sale, lease, rent, or exchange. Owner signature: X Contractor Business name:NWDD E-mail: choffart@nwdemolition.com Address: P.O. Box 230819 City/State/ZIP: Tigard, OR 97284 Phone: 503.638.6900 FAX: 503.620.1708 CCB lic. no. 48263 Authorized signature: Print name: Chad Hoffart Date: 9/25/17 X Applicant Contact Person Business name: Northwest Demolition and Dismantling Contact name: Chad Hoffart Address: P.O. Box 230819 City/State/ZIP: Tigard, OR 97284 Phone: 503.638.3900 FAX: 503.620.1708 Contact Person Business name: Northwest Demolition and Dismantling Contact name: Chad Hoffart Address: P.O. Box 230819 City/State/ZIP: Tigard, OR 97284 Phone: 503.638.3900 FAX: 503.620.1708 E-mail: CHoffart@nwdemolition.com Authorized signature: Date: 9/25/17 Address: P.O. Box 230819 City/State/ZIP: Tigard, OR 97284 Phone: 503.638.3900 FAX: 503.620.1708 E-mail: CHoffart@nwdemolition.com Authorized signature: Date: Date: Person Business name: Northwest Demolition and Dismantling Contact name: Chad Hoffart Address: P.O. Box 230819 City/State/ZIP: Tigard, OR 97284 Phone: 503.638.3900 FAX: 503.620.1708 E-mail: CHoffart@nwdemolition.com Authorized signature: Date: Date: Stating: New: Notice Notice Stationaria and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to the licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to the blicensed with the Oregon Construction Contractors Board under ORS 701 and may be required to the licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed with the Oregon Construction Contractors and subcontractors are required to be licensed with the Oregon Construction Contractors and subcontractors are requi	City/State/ZIP: Portland, OR 97210				Number of stories:	1
Contractor Business name; NWDD E-mail: choffart@nwdemolition.com Address: P.O. Box 230819 City/State/ZIP: Tigard, OR 97284 Phone: 503.638.6900 Authorized signature: Print name: Chad Hoffart Business name: Northwest Demolition and Dismantling Contact name: Chad Hoffart Business name: Northwest Demolition and Dismantling Contact name: Chad Hoffart Address: P.O. Box 230819 City/State/ZIP: Tigard, OR 97284 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 with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to the licensed in the jurisdiction in which work is being performed. Statement of Fact: leartify that the facts and information set forth in this application are true and complete to the business et al., where the facts and information set forth in this application are true and complete to the purisdiction on the learning and the facts and information set forth in this application are true and complete to the purisdiction on the view feat of my knowledge. I understand that any falsification, misrepresentation or onisisteners enterition on the interior of the view feat of my knowledge. I understand that any falsification, misrepresentation or onisisteners enterition on the inter	Phone: 503.778.6493	FAX: 503.7	78.6360		Type of construction:	wood, steel & concrete
Owner signature: Date: X Contractor Business name:NWDD E-mail: choffart@nwdemolition.com Address: P.O. Box 230819 City/State/ZIP: Tigard, OR 97284 Phone: 503.638.6900 Authorized signature: Print name: Chad Hoffart Business name: Northwest Demolition and Dismantling Contact name: Chad Hoffart Address: P.O. Box 230819 City/State/ZIP: Tigard, OR 97284 Business name: Northwest Demolition and Dismantling Contact name: Chad Hoffart Address: P.O. Box 230819 City/State/ZIP: Tigard, OR 97284 Phone: 503.638.3900 FAX: 503.620.1708 Business name: Northwest Demolition and Dismantling Contact name: Chad Hoffart Address: P.O. Box 230819 City/State/ZIP: Tigard, OR 97284 Phone: 503.638.3900 FAX: 503.620.1708 Business name: Choffart@nwdemolition.com Authorized signature: Chad Hoffart Address: P.O. Box 230819 City/State/ZIP: Tigard, OR 97284 Phone: 503.638.3900 FAX: 503.620.1708 Business refer to fee schedule Fees due upon application Amount received Date received		perty that I own, whic	ch is not intended for s	sale, lease, rent,		
Notice Address: P.O. Box 230819 E-mail: choffart@nwdemolition.com Address: P.O. Box 230819 Address: P.O. Box 230819 City/State/ZIP: Tigard, OR 97284 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 on wission of fact (whether intentional or not) in this application are true and complete to the best of my knowledge. I understand that any falsification, misrepresentation or on wission of fact (whether intentional or not) in this application or any other required document, as well as any misleading statement or ormission, may be cause for revocation of permit and/or certificate of occupancy, regardless of how or when discovered. Address: P.O. Box 230819 City/State/ZIP: Tigard, OR 97284 Phone: 503.638.3900 FAX: 503.620.1708 E-mail: CHoffart@nwdemolition.com E-mail: CHoffart@nwdemolition.com Date received			Date	۵.		
Business name: NWDD Address: P.O. Box 230819 City/State/ZIP: Tigard, OR 97284 Phone: 503.638.6900 FAX: 503.620.1708 CCB lic. no.48263 Authorized signature: Print name: Chad Hoffart Business name: Northwest Demolition and Dismantling Contact name: Chad Hoffart Address: P.O. Box 230819 City/State/ZIP: Tigard, OR 97284 Contact Person Business name: Northwest Demolition and Dismantling Contact name: Chad Hoffart Address: P.O. Box 230819 City/State/ZIP: Tigard, OR 97284 Authorized signature: Chad Hoffart Address: P.O. Box 230819 City/State/ZIP: Tigard, OR 97284 Phone: 503.638.3900 FAX: 503.620.1708 E-mail: Choffart@nwdemolition.com Authorized signature: Date: 9/25/17 Authorized signature: Contact name: Chad Hoffart Address: P.O. Box 230819 City/State/ZIP: Tigard, OR 97284 Phone: 503.638.3900 FAX: 503.620.1708 E-mail: Choffart@nwdemolition.com Authorized signature: Date: 20/25/17 Date: 9/25/17 Date: 9/25/17			Date			
Address: P.O. Box 230819 City/State/ZIP: Tigard, OR 97284 Phone: 503.638.6900 FAX: 503.620.1708 CCB lic. no. 48263 Authorized signature: Print name: Chad Hoffart Business name: Northwest Demolition and Dismantling Contact Person Business name: Chad Hoffart Contact name: Chad Hoffart Address: P.O. Box 230819 City/State/ZIP: Tigard, OR 97284 Phone: 503.638.3900 FAX: 503.620.1708 Ilicensed 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 or mission 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 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		E-mail: choff	art@nwdemo	lition com		ulbeentractors are required to be
City/State/ZIP: Tigard, OR 97284 Phone: 503.638.6900 CCB lic. no. 48263 Authorized signature: Print name: Chad Hoffart Business name: Northwest Demolition and Dismantling Contact name: Chad Hoffart Address: P.O. Box 230819 City/State/ZIP: Tigard, OR 97284 Phone: 503.638.3900 FAX: 503.620.1708 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		L-mail. CHOIL	artwirwdeine	nition.com	licensed with the Ore	egon Construction Contractors Board
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. City/State/ZIP: Tigard, OR 97284 Phone: 503.638.3900 FAX: 503.620.1708 E-mail: CHoffart@nwdemolition.com Authorized signature: 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 asbestos and/or lead-based paint, I will comply with all such regulations. (initials) Building Permit Fees* Please refer to fee schedule Fees due upon application Amount received Date received					under ORS 701 and jurisdiction in which	may be required to be licensed in the work is being performed.
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		T				
Authorized signature: Print name: Chad Hoffart Date: 9/25/17 X Applicant Business name: Northwest Demolition and Dismantling Contact name: Chad Hoffart Address: P.O. Box 230819 City/State/ZIP: Tigard, OR 97284 Phone: 503.638.3900 E-mail: CHoffart@nwdemolition.com Authorized signature: Authorized signature: Date: 9/25/17 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, I will comply with all such regulations		FAX: 503.6	20.1708			
Authorized signature: Print name: Chad Hoffart Date: 9/25/17 Contact Person	CCB lic. no.48263				misrepresentation or	omission of fact (whether intentional or
Print name: Chad Hoffart Date: 9/25/17 X Applicant Business name: Northwest Demolition and Dismantling Contact name: Chad Hoffart Address: P.O. Box 230819 City/State/ZIP: Tigard, OR 97284 Phone: 503.638.3900 E-mail: CHoffart@nwdemolition.com Authorized signature: Pontact Person Contact Person 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	Authorized signature:					
Applicant Business name: Northwest Demolition and Dismantling Contact name: Chad Hoffart Address: P.O. Box 230819 City/State/ZIP: Tigard, OR 97284 Phone: 503.638.3900 E-mail: CHoffart@nwdemolition.com Authorized signature: Contact Person 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 (initials) Building Permit Fees* Please refer to fee schedule Fees due upon application Amount received Date received	Print name: Chad Hoffart	Г	9/25/17			
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 (initials) Building Permit Fees* Please refer to fee schedule Fees due upon application Amount received Date received						
Contact name: Chad Hoffart Address: P.O. Box 230819 City/State/ZIP: Tigard, OR 97284 Phone: 503.638.3900 E-mail: CHoffart@nwdemolition.com Authorized signature: Chad Hoffart Fax: 503.620.1708 Fax: 503.620.1708 Fees due upon application	Month Donalition					
Address: P.O. Box 230819 City/State/ZIP: Tigard, OR 97284 Phone: 503.638.3900 FAX: 503.620.1708 E-mail: CHoffart@nwdemolition.com Authorized signature: Date received	C1 111 CC +		0		based paint. If the wo	rk is subject to regulations governing
City/State/ZIP: Tigard, OR 97284 Phone: 503.638.3900 FAX: 503.620.1708 E-mail: CHoffart@nwdemolition.com Authorized signature: Date received					Constitution and control was control and control of the control	CONTRACTOR CONTRACTOR OF CONTRACTOR CONTRACT
Phone: 503.638.3900 FAX: 503.620.1708 Fees due upon application E-mail: CHoffart@nwdemolition.com Authorized signature: Date received	110120120017					
E-mail: CHoffart@nwdemolition.com Amount received Date received		I _{FΔX} . 503.62	20.1708			
Authorized signature: Date received	CII. #	1700				
Authorized signature:	L-mail.					
Chad Hoffart 9/25/17	Authorized signature: Chad Hoffart	~	~		L	

9/25/17

within 180 days after it has been accepted as complete.





1000 011	rai Avenue, i ordana, oregor	101201 000-020-1000	111 000 020 0000	www.portiunaoregon	.gov/bus
Type of work				Office Use Only	
☐ New construction	☐ Addition/altera	tion/replacement		Permit no:	
Demolition	Other:			Date received:	
Category of construction				By:	
☐ 1 & 2 family dwelling	Commercial/industrial	☐ Accessory bui	lding		
	Master builder	Other:		Required Data: O	ne and Two Family Dwelling
Job site information and local				Permit fees* are bas	ed on the value of the work per-
Job no.: Job address:	2141 NW 25th A	ve		of all equipment, ma	value (rounded to the nearest dollar) terials, labor, overhead, and the profit d on this application.
City/State/ZIP: Portland, O				Valuation:	
	Project name: ESCO Pla		-Phase 1	Number of bedrooms:	1
Cross street/directions to job site:	NW 25th and Wilso	n		Number of bathrooms:	
				Total number of floors:	
Subdivision:	Lot no.TL	100 Tax!map/	R316317	New dwelling area:	square feet
Description of work				Garage/carport area:	square feet
Demolition of building 2	2 to slab. No soil di	sturbance this p	hase.	Covered porch area:	square feet
Building 22 will be demo				Deck area:	square feet
	none as part of sec	1401100 #0 01 100	Prince.	Other structure area:	square feet
				Required Data: C	
					ed on the value of the work pervalue (rounded to the nearest dollar)
Provide RS Permit no.				of all equipment, ma	terials, labor, overhead, and the profit
X Property owner	Tenan			for the work indicate Valuation:	d on this application.
Name: ESCO Corp	E-mail: Tr	avis.Quarles@es	scocorp.com		234, 286 32,800 square feet
Address: 2141 NW 25th Av	e			Existing building area:	0 square feet
City/State/ZIP: Portland, OR	97210			Number of stories:	1-2
Phone: 503.778.6493		03.778.6360		Type of construction:	wood, steel & concrete
Owner installation: This installation is be			sale lease rent	Occupancy groups	
or exchange.	ang made on property that rown	, which is not michaed for t	outo, rouso, rom,	Existing:	
Owner signature:		Dat	e:	New:	
X Contractor				Notice	
Business name:NWDD	E-mail: ch	offart@nwdemo	olition.com	All contractors and s	subcontractors are required to be egon Construction Contractors Board
Address: P.O. Box 230819				under ORS 701 and	may be required to be licensed in the
City/State/ZIP: Tigard, OR 97	284				work is being performed.
Phone: 503.638.6900	FAX: 50	3.620.1708			I certify that the facts and information ation are true and complete to the
CCB lic. no. 48263					e. I understand that any falsification, omission of fact (whether intentional or
				not) in this application	or any other required document, as well
Authorized signature:		0/25/15	7		tement or omission, may be cause for nd/or certificate of occupancy, regardless
Print name: Chad Hoffart		Date: 9/25/17		of how or when discov	vered.
X Applicant		ct Person			ork related to this Building Permit ubject to regulations governing the
	Demolition and Disi	nantling		handling, removal and	d/or disposal of asbestos and/or lead-
Contact name: Chad Hoffa	art				rk is subject to regulations governing based paint, I will comply with all such
Address: P.O. Box 23081	19			regulations	(initials)
City/State/ZIP: Tigard, OR 97				Building Permit F	
Phone: 503.638.3900		3.620.1708		Please refer to fee	
CUeffert	demolition.com	,		Fees due upon a	
E-mail: Chonart@nw	demontion.com				nt received
Authorized signature:	Low	m		L	re received
Print name: Chad Hoffar	t	Date: 9/25/1	7		tion expires if a permit is not obtained er it has been accepted as complete.





Building Permit Application

17-249372,-co
ent Services DMO-01-

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

Type of work				Office Use Only		
New construction	☐ Addition/alte	eration/replacement		Permit no:		
Demolition	Other:			Date received:		
Category of construction				Ву:		
☐ 1 & 2 family dwelling ☐ Com	mercial/industrial	☐ Accessory bu	ilding			
	er builder	Other:			one and Two Family D	THE REAL PROPERTY AND ADDRESS OF THE PERSON NAMED IN
Job site information and location					sed on the value of the wo value (rounded to the ne	
Job no.: Job address: 21	41 NW 25th	Ave		of all equipment, ma	aterials, labor, overhead, and on this application.	
City/State/ZIP: Portland, OR 97	210			Valuation:	ed on this application.	
		lant 1 demolition	n-Phase 1	Number of bedrooms:		
Cross street/directions to job site: NW	25th and Wils	son		Number of bathrooms:		
				Total number of floors:		
Subdivision:	Lot no.TI	_ 100 Tax!map/	R316317	New dwelling area:		square feet
Description of work				Garage/carport area:		square feet
Demolition of building 27 to	slab. No soil o	disturbance this p	hase.	Covered porch area:		square feet
Building 27 will be demolishe				Deck area:		square feet
8				Other structure area:		square feet
				Required Data: C		
Provide RS Permit no.				formed. Indicate the of all equipment, ma	sed on the value of the wo value (rounded to the ne aterials, labor, overhead, a ed on this application.	arest dollar)
X Property owner Name: ESCO Corp	Tena	ant Fravis.Quarles@e	scocorn com	Valuation:	6716	
Address: 2141 NW 25th Ave	E-mail:	Quaries@e	scocorp.com	Existing building area:	2,592	square feet
				New building area:	0	square feet
City/State/ZIP: Portland, OR 9721				Number of stories:	1	
Phone: 503.778.6493	FAX:	503.778.6360		Type of construction:	wood	
Owner installation: This installation is being mad or exchange.	de on property that I ov	wn, which is not intended for	sale, lease, rent,	Occupancy groups		
Owner signature:		Da	te:	Existing:		
X Contractor				New:		
Business name:NWDD	E-mail:	choffart@nwdem	olition.com		subcontractors are require	ed to be
Address: P.O. Box 230819				licensed with the Or	egon Construction Contra	ctors Board
City/State/ZIP: Tigard, OR 97284					work is being performed.	enseu in the
<u> </u>	leav 1	F02 (20 1700	***************************************		I certify that the facts and i	
Phone: 503.638.6900	FAX:	503.620.1708			ation are true and complete e. I understand that any fals	
CCB lic. no.48263					omission of fact (whether in or any other required docu	
Authorized signature:				as any misleading sta	atement or omission, may b	e cause for
Print name: Chad Hoffart		Date: 9/25/17	7	of how or when disco	and/or certificate of occupar vered.	ncy, regardless
X Applicant	Cont	tact Person			ork related to this Building I	
Business name: Northwest Demo	lition and Di	smantling			ubject to regulations goverr d/or disposal of asbestos a	•
Contact name: Chad Hoffart				based paint. If the wo asbestos and/or lead-	ork is subject to regulations -based paint, I will comply v	governing
Address: P.O. Box 230819				regulations		
City/State/ZIP: Tigard, OR 97284				Building Permit I		
Phone: 503.638.3900	FAX: 50	03.620.1708		Fees due upon	T	
E-mail: CHoffart@nwdem	olition.com	¥			nt received	
	,			Dat	te received	
Authorized signature: Chad Hoffart	1	2/0-1-			tion expires if a permit is	not obtained
Print name:		Date: 9/25/1	17		er it has been accepted a	





Permit no.	Type of work				Office Use Only		
By:	☐ New construction	☐ Addition/alterati	on/replacement		Permit no:		
□ 1 & 2 family dwelling □ Commercial industrial □ Cher. Multifamily □ Master builder □ Cher. Job site information and location	Demolition	Other:			Date received:		
Discription of work Description of work Demolition of building 28 to slab. No soil disturbance this phase. Building 28 will be demolished as part of Sequence #4 of 1st phase. Building 28 will be demolished as part of Sequence #4 of 1st phase. Building 28 will be demolished as part of Sequence #4 of 1st phase. Building 28 will be demolished as part of Sequence #4 of 1st phase. Building 28 will be demolished as part of Sequence #4 of 1st phase. Building 28 will be demolished as part of Sequence #4 of 1st phase. Building 28 will be demolished as part of Sequence #4 of 1st phase. Building 28 will be demolished as part of Sequence #4 of 1st phase. Building 28 will be demolished as part of Sequence #4 of 1st phase. Building 28 will be demolished as part of Sequence #4 of 1st phase. Building 28 will be demolished as part of Sequence #4 of 1st phase. Building 28 will be demolished as part of Sequence #4 of 1st phase. Building 28 will be demolished as part of Sequence #4 of 1st phase. Building 28 will be demolished as part of Sequence #4 of 1st phase. Building 28 will be demolished as part of Sequence #4 of 1st phase. Building 28 will be demolished as part of Sequence #4 of 1st phase. Building 28 will be demolished as part of Sequence #4 of 1st phase. Building 28 will be demolished as part of Sequence #4 of 1st phase. Building 28 will be demolished as part of Sequence #4 of 1st phase. Building 28 will be demolished as part of Sequence #4 of 1st phase. Building 28 will be demolished as part of Sequence #4 of 1st phase. Building 28 will be demolished as part of Sequence #4 of 1st phase. Building 28 will be demolished as part of Sequence #4 of 1st phase. Building 28 will be demolished as part of Sequence #4 of 1st phase. Building 28 will be demolished as part of Sequence #4 of 1st phase. Building 28 will be demolished as part of Sequence #4 of 1st phase. Building 28 will be demolished the walle (promoted to the sequence will be fore the walle for the walle for the subule of the wall of the wal	Category of construction				Ву:		
Job no: Job address: 2141 NW 25th Ave Cross street/directions to job site. NW 25th and Wilson Sulcivided. Lor no: TL 100 Taximapi R 316317 Discription of work Demolition of building 28 to slab. No soil disturbance this phase. Building 28 will be demolished as part of Sequence #4 of 1st phase. Building 28 will be demolished as part of Sequence #4 of 1st phase. Provide RS Permit no. XI property owner Address: 2141 NW 25th Ave CityState/2IP: Portland, OR 97210 From Soil Arganism of the substitution of the subs	☐ 1 & 2 family dwelling	☐ Commercial/industrial	☐ Accessory b	ouilding			
Job no: Job address: 2141 NW 25th Ave City/State/2IP: Portland, OR 97210 Suitebide/Japt, no: Froject name: ESCO Plant 1 demolition-Phase 1 Cross street/directions to job aite. NW 25th and Wilson Subdidistance: Lot no.TI. 100			Other:				The second second second second second
City/State/ZIP. Portland, OR 97210 Substitute for the work indicated on this application. Cross street/directions to job site. NW 25th and Wilson Subdivision. Lot no. TIL 100 Taximapir R316317 Description of work Description of work Building 28 will be demolished as part of Sequence #4 of 1st phase. Building 28 will be demolished as part of Sequence #4 of 1st phase. Building 28 will be demolished as part of Sequence #4 of 1st phase. Provide RS Permit no. X Proparty owner Name ESCO Corp E-mail: Travis.Quarles@escoorp.com Address 2141 NW 25th Ave CRy/State/ZIP. Portland, OR 97210 Phone 503.778.693 FAX: 503.778.6360 Owner installation: This installation is being made on properly that I own, which is not intended for sale, lease, rent, owner installation is being made on properly that I own, which is not intended for sale, lease, rent, owner installation is being made on properly that I own, which is not intended for sale, lease, rent, owner installation. This installation is being made on properly that I own, which is not intended for sale, lease, rent, owner installation is being made on properly that I own, which is not intended for sale, lease, rent, owner installation. This installation is being made on properly that I own, which is not intended for sale, lease, rent, owner installation. This installation is being made on properly that I own, which is not intended for sale, lease, rent, owner installation. This installation is being made on properly that I own, which is not intended for sale, lease, rent, owner installation. This installation is being made on properly that I own, which is not intended for sale, lease, rent, owner installation. This installation is being made on properly that I own, which is not intended for sale, lease, rent, owner installation. The installation is being made on properly that I own, which is not intended for sale, lease, rent, owner installation. The installation is being made on properly that I own which is not intended for sale, lease, rent, owner installa	Job site information and I	ocation					
CalyState/QIP Portland, OR 97210 Suiterbidg.japt. no. Project name: ESCO Plant 1 demolition-Phase 1 Subdividision: Loft no.*TL 100	Job no.: Job add	ress: 2141 NW 25th Av	e				and the profit
Cross street/directions to job site. NW 25th and Wilson Subdivision. Lot no. TL 100 Taximspi R316317 Description of work Demolition of building 28 to slab. No soil disturbance this phase. Building 28 will be demolished as part of Sequence #4 of 1st phase. Provide Rs Permit no. X Property owner Name ESCO Corp E-mail: Travis.Quarles@esco.corp.com Address: 2141 NW 25th Ave Covered porth area. E-mail: Travis.Quarles@esco.corp.com Address: P.O. Box 230819 City/State/27P Tigard, OR 97284 Phone: 503.638.6900 FAX: 503.620.1708 Business name. Northwest Demolition and Dismantling Contact name: Chad Hoffart Date: 9/25/17 X Applicant Contact name: Chad Hoffart Date: P.O. Box 230819 City/State/27P. Tigard, OR 97284 Phone: 503.638.3900 FAX: 503.620.1708 Contact name: Chad Hoffart Date: P.O. Box 230819 City/State/27P. Tigard, OR 97284 Phone: 503.638.3900 FAX: 503.620.1708 Contact name: Chad Hoffart Date: P.O. Box 230819 City/State/27P. Tigard, OR 97284 Phone: 503.638.3900 FAX: 503.620.1708 Contact name: Chad Hoffart Date: P.O. Box 230819 City/State/27P. Tigard, OR 97284 Phone: 503.638.3900 FAX: 503.620.1708 Contact name: Chad Hoffart Date: P.O. Box 230819 City/State/27P. Tigard, OR 97284 Phone: 503.638.3900 FAX: 503.620.1708 Contact name: Chad Hoffart Date: P.O. Box 230819 City/State/27P. Tigard, OR 97284 Phone: 503.638.3900 FAX: 503.620.1708 Contact name: Chad Hoffart Date: P.O. Box 230819 City/State/27P. Tigard, OR 97284 Phone: 503.638.3900 FAX: 503.620.1708 Contact name: Chad Hoffart Date: P.O. Box 230819 City/State/27P. Tigard, OR 97284 Phone: 503.638.3900 FAX: 503.620.1708 Contact name: Chad Hoffart Date: P.O. Box 230819 City/State/27P. Tigard, OR 97284 Phone: 503.638.3900 FAX: 503.620.1708 Contact name: Chad Hoffart Date: P.O. Box 230819 City/State/27P. Tigard, OR 97284 Phone: 503.638.3900 FAX: 503.620.1708 Contact name: Chad Hoffart Date: Red William and Dismantling Contact name: Chad Hoffart Date: Red William and Dismantling Contact name: Cha	City/State/ZIP: Portland	l, OR 97210				а от тиз аррисатот.	
Subdivision Description of work Demolition of building 28 to slab. No soil disturbance this phase. Building 28 will be demolished as part of Sequence #4 of 1st phase. Building 28 will be demolished as part of Sequence #4 of 1st phase. Provide RS Permit no. ***Y Property owner** Name BSCO Corp Lemait	Suite/bldg./apt. no.:	Project name: ESCO Plan	nt 1 demolitio	n-Phase 1	Number of bedrooms:		
Subdivision Description of work Demolition of building 28 to slab. No soil disturbance this phase. Building 28 will be demolished as part of Sequence #4 of 1st phase. Building 28 will be demolished as part of Sequence #4 of 1st phase. Provide RS Permit no. ***Y Property owner** Name BSCO Corp Lemait	Cross street/directions to job si	te: NW 25th and Wilson	1		Number of bathrooms:		
Description of work Demolition of building 28 to slab. No soil disturbance this phase. Building 28 will be demolished as part of Sequence #4 of 1st phase. Building 28 will be demolished as part of Sequence #4 of 1st phase. Broporty owner Tenant					Total number of floors:		
Description of work Demolition of building 28 to slab. No soil disturbance this phase. Building 28 will be demolished as part of Sequence #4 of 1st phase. Provide RS Permit no. Provide Roll Data Permit no. Provide Roll Data Person Provide Roll Data Permit no. Provide Roll Data Permit no.	Subdivision:	Lot no.TL I	00 Tax!map/	R316317	New dwelling area:		square fee
Demolition of building 28 to slab. No soil disturbance this phase. Building 28 will be demolished as part of Sequence #4 of 1st phase. Building 28 will be demolished as part of Sequence #4 of 1st phase. Building 28 will be demolished as part of Sequence #4 of 1st phase. Building 28 will be demolished as part of Sequence #4 of 1st phase. Building 28 will be demolished as part of Sequence #4 of 1st phase. Building 28 will be demolished as part of Sequence #4 of 1st phase. Building 28 will be demolished as part of Sequence #4 of 1st phase. Building 28 will be demolished as part of Sequence #4 of 1st phase. Building 28 will be demolished as part of Sequence #4 of 1st phase. Building 28 will be demolished as part of Sequence #4 of 1st phase. Building 28 will be demolished as part of Sequence #4 of 1st phase. Building 28 will be demolished as part of Sequence #4 of 1st phase. Building 28 will be demolished as part of Sequence #4 of 1st phase. Building 28 will be demolished as part of Sequence #4 of 1st phase. Building 28 will be demolished as part of Sequence #4 of 1st phase. Building 28 will be demolished as part of Sequence #4 of 1st phase. Building 28 will be demolished as part of Sequence #4 of 1st phase. Building 28 will be demolished as part of Sequence #4 of 1st phase. Building 28 will be demolished as part of Sequence #4 of 1st phase. Bequired Data: Commercial Use Permit fees' are based on the value (rounded to the nearest oblar) of all equipment, materials, labor, overhead, and the profit of all equipment, materials, labor, overhead, and the profit of all equipment, materials, labor, overhead, and the profit of all equipment, materials, labor, overhead, and the profit of all equipment, materials, labor, overhead, and the profit of all equipment, materials, labor, overhead, and the profit of all equipment, materials, labor, overhead, and the profit of all equipment, materials, labor, overhead, and the profit of all equipment, materials, labor, overhead, and the profit of all equipment, ma	Description of w	vork		1010017	Garage/carport area:		square feet
Building 28 will be demolished as part of Sequence #4 of 1st phase. Deck area Square fee			turbance this	phase.	Covered porch area:		square fee
Other structure area. Provide RS Permit no. International Provided RS Permit no. International Provided RS Pr					Deck area:		square fee
Provide RS Permit no. X Property owner Name: ESCO Corp Address: 2141 NW 25th Ave City/State/ZIP: Portland, OR 97210 Phone: 503.778.6493 FAX: 503.778.6360 Cowner installation: This in	8			- F	Other structure area:		square fee
Provide RS Permit no. Provide RS Permit no. Provide RS Permit no.			3				
Provide RS Permit no. Tenant Name: ESCO Corp E-mail: Travis.Quarles@escocorp.com Valuation: 5 / 4 7 0 Name: ESCO Corp E-mail: Travis.Quarles@escocorp.com Valuation: 5 / 4 7 0 Name: ESCO Corp E-mail: Travis.Quarles@escocorp.com Valuation: 5 / 4 7 0 Name: ESCO Corp E-mail: Travis.Quarles@escocorp.com Valuation: 5 / 4 7 0 Name: Esco Corp. Valuation: 5 / 4 7 0 Name: Esco Corp. Valuation: 5 / 4 7 0 Name: Esco Corp. Valuation: 5 / 4 7 0 Name: Esco Corp. Valuation: 5 / 4 7 0 Name: Esco Corp. Valuation: 5 / 4 7 0 Name: Esco Corp. Valuation: 5 / 4 7 0 Name: Esco Corp. Valuation: 5 / 4 7 0 Name: Esco Corp. Valuation: 5 / 4 7 0 Name: Esco Corp. Valuation: 5 / 4 7 0 Name: Esco Corp. Valuation: 5 / 4 7 0 Name: Esco Corp. Valuation: 5 / 4 7 0 Name: Esco Corp. Valuation: 5 / 4 7 0 Name: Esco Corp. Valuation: 5 / 4 7 0 Name: Esco Corp. Valuation: 5 / 4 7 0 Name: Esco Corp. Valuation: 5 / 4 7 0 Name: Psc. Valuation							
Name: ESCO Corp E-mail: Travis.Quarles@escocorp.com Address: 2141 NW 25th Ave Challation: Fortland, OR 97210 Phone: 503.778.6493 FAX: 503.778.6360 Owner installation: This installation is being made on property that I own, which is not intended for sale, lease, rent, or exchange. Owner signature: Date: X Contractor Business name:NWDD E-mail: choffart@nwdemolition.com Address: P.O. Box 230819 City/State/ZIP: Tigard, OR 97284 Phone: 503.638.6900 FAX: 503.620.1708 CB lic. no. 48263 Authorized signature: Print name: Chad Hoffart Date: 9/25/17 X Applicant Contact Person Business name: Northwest Demolition and Dismantling Contact name: Chad Hoffart Contact name: Chad Hoffart Address: P.O. Box 230819 City/State/ZIP: Tigard, OR 97284 Phone: 503.638.3900 FAX: 503.620.1708 Contact Person Business name: Northwest Demolition and Dismantling Contact name: Chad Hoffart Contact name: Chad Hoffart Contact name: Chad Hoffart Contact Person Business name: Northwest Demolition and Dismantling Contact Train and Contact Person Business name: Chad Hoffart Address: P.O. Box 230819 City/State/ZIP: Tigard, OR 97284 Phone: 503.638.3900 FAX: 503.620.1708 Contact Person Business name: Northwest Demolition and Dismantling Contact person Chad Hoffart Contact Person Business name: Chad Hoffart Address: P.O. Box 230819 City/State/ZIP: Tigard, OR 97284 Phone: 503.638.3900 FAX: 503.620.1708 Chad Hoffart Chad Hoffart Date: Print person Authorized signature: Date: Print person Authorized signature: Date: Print person Chad Hoffart Date: Print person Chad Hoffart Date: Print person Chad Hoffart Chad Hoffart Chad Hoffart This installation: This installation is being made on property that I own, which is not intended for sale, lease, rent, or exchange, contractors and subcontractors are required to be licensed in the under subcontractors are required to be licensed in the under subcontractors are required to be licensed in the under subcontractors are required to be licensed in the und	Provide RS Permit no.				of all equipment, ma	aterials, labor, overhead, a	
Address: 2141 NW 25th Ave City/State/ZIP: Portland, OR 97210 Phone: 503.778.6493 FAX: 503.778.6360 Owner installation: This installation is being made on property that I own, which is not intended for sale, lease, rent, or exchange. Owner signature: Date: X Contractor Business nameNWDD E-mail: choffart@nwdemolition.com Address: P.O. Box 230819 City/State/ZIP: Tigard, OR 97284 Phone: 503.638.6900 FAX: 503.620.1708 CCB lic. no.48263 Authorized signature: Print name: Chad Hoffart Date: 9/25/17 X Applicant Business name: Northwest Demolition and Dismantling Contact Person Business name: Northwest Demolition and Dismantling Contact name: Chad Hoffart Contact person Business name: Northwest Demolition and Dismantling City/State/ZIP: Tigard, OR 97284 Phone: 503.638.3900 FAX: 503.620.1708 E-mail: Choffart@nwdemolition.com FAX: 503.620.1708 E-mail: Contact Person Business name: Northwest Demolition and Dismantling Contact name: Chad Hoffart Contact person Authorized signature: Chad Hoffart Contact name: Chad Hoffart Contact name: Chad Hoffart Contact person Authorized signature: Chad Hoffart Contact person Contact person Contact							
Address: 2141 NW 25th Ave City/State/ZIP: Portland, OR 97210 Phone: 503.778.6493 FAX: 503.778.6360 Owner installation: This installation is being made on property that I own, which is not intended for sale, lease, rent, or exchange. Owner signature: Date: Contractor Business name: NWDD Address: P.O. Box 230819 City/State/ZIP: Tigard, OR 97284 Phone: 503.638.6900 FAX: 503.620.1708 CCB lic. no. 48263 Authorized signature: Print name: Chad Hoffart Contact Person Business name: Northwest Demolition and Dismantling Contact name: Chad Hoffart Contact name: Chad Hoffart Contact name: Chad Hoffart Contact Person Business name: Northwest Demolition and Dismantling Contact Tigard, OR 97284 City/State/ZIP: Tigard, OR 97284 Contact Person Business name: Northwest Demolition and Dismantling Contact name: Chad Hoffart Contact Person Business name: Chad Hoffart Contact Person Contact Person Address: P.O. Box 230819 City/State/ZIP: Tigard, OR 97284 Chad Hoffart Chad			ivis.Quarles@	escocorp.com	1		square feet
City/State/ZIP: Portland, OR 97210 Phone: 503.778.6493 FAX: 503.778.6360 Comer installation: This installation is being made on property that I own, which is not intended for sale, lease, rent, or exchange. Date: X Contractor Business name: NWDD Address: P.O. Box 230819 City/State/ZIP: Tigard, OR 97284 Phone: 503.638.6900 FAX: 503.620.1708 CCB lic. no. 48263 Authorized signature: Print name: Chad Hoffart Address: P.O. Box 230819 City/State/ZIP: Tigard, OR 97284 Contact Person Business name: Northwest Demolition and Dismantling Contact name: Chad Hoffart Address: P.O. Box 230819 City/State/ZIP: Tigard, OR 97284 Email: Contact Person Business name: Northwest Demolition and Dismantling Contact name: Chad Hoffart Address: P.O. Box 230819 City/State/ZIP: Tigard, OR 97284 Phone: 503.638.3900 FAX: 503.620.1708 E-mail: Choffart@nwdemolition.com Authorized signature: Print name: Chad Hoffart Address: P.O. Box 230819 City/State/ZIP: Tigard, OR 97284 Phone: 503.638.3900 FAX: 503.620.1708 E-mail: Choffart@nwdemolition.com Authorized signature: Pone: 503.638.3900 FAX: 503.620.1708 E-mail: Choffart@nwdemolition.com Authorized signature: Please refer to fee schedule Fees due upon application Amount received This permit application expires if a permit is not obtaine.	Address: 2141 NW 25th	Ave				0	
Owner installation: This installation is being made on property that I own, which is not intended for sale, lease, rent, or exchange. Owner signature: Date: Contractor	City/State/ZIP: Portland, C	OR 97210				1	
Existing: Notice	Phone: 503.778.6493	FAX: 50	3.778.6360		Type of construction:	steel & concret	e
Owner signature: Date: Notice Address: P.O. Box 230819 City/State/ZIP: Tigard, OR 97284 Phone: 503.638.6900 CCB lic. no.48263 Authorized signature: Print name: Chad Hoffart Contact Person Business name: Northwest Demolition and Dismantling Contact name: Chad Hoffart Address: P.O. Box 230819 City/State/ZIP: Tigard, OR 97284 Those sold and		is being made on property that I own,	which is not intended for	or sale, lease, rent,	Occupancy groups		
Notice	The second secon		D	into:	Existing:		
Business name:NWDD Address: P.O. Box 230819 City/State/ZIP: Tigard, OR 97284 Phone: 503.638.6900 FAX: 503.620.1708 CCB lic. no.48263 Authorized signature: Print name: Chad Hoffart Business name: Northwest Demolition and Dismantling Contact Person Business name: Chad Hoffart Address: P.O. Box 230819 City/State/ZIP: Tigard, OR 97284 Tigard, OR 97284 Authorized signature: Print name: Chad Hoffart Contact Person Business name: Northwest Demolition and Dismantling Cottact name: Chad Hoffart Address: P.O. Box 230819 City/State/ZIP: Tigard, OR 97284 Phone: 503.638.3900 FAX: 503.620.1708 E-mail: Choffart@nwdemolition.com Authorized signature: Chad Hoffart Address: P.O. Box 230819 City/State/ZIP: Tigard, OR 97284 Phone: 503.638.3900 FAX: 503.620.1708 FAX: 503.620				ale.			
Address: P.O. Box 230819 City/State/ZIP: Tigard, OR 97284 Phone: 503.638.6900 FAX: 503.620.1708 CCB lic. no. 48263 Authorized signature: Print name: Chad Hoffart Date: 9/25/17 Mapplicant Contact Person Business name: Northwest Demolition and Dismantling Contact name: Chad Hoffart Address: P.O. Box 230819 City/State/ZIP: Tigard, OR 97284 Phone: 503.638.3900 FAX: 503.620.1708 Icensed 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		F-mail: che	offart@nwden	nolition com		nubaantraatara ara raquir	ad to be
City/State/ZIP: Tigard, OR 97284 Phone: 503.638.6900 FAX: 503.620.1708 CCB lic. no. 48263 Authorized signature: Print name: Chad Hoffart Business name: Northwest Demolition and Dismantling Contact Person Business name: Chad Hoffart Address: P.O. Box 230819 City/State/ZIP: Tigard, OR 97284 Phone: 503.638.3900 FAX: 503.620.1708 E-mail: CHoffart@nwdemolition.com 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 (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 obtaine			Jilai (@iiwdeii	iontion.com	licensed with the Or	egon Construction Contra	actors Board
Phone: 503.638.6900 FAX: 503.620.1708 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	The state of the s						ensed in 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. Authorized signature:							information
Authorized signature: Print name: Chad Hoffart Date: 9/25/17 MApplicant Business name: Northwest Demolition and Dismantling Contact name: Chad Hoffart Address: P.O. Box 230819 City/State/ZIP: Tigard, OR 97284 Phone: 503.638.3900 E-mail: CHoffart@nwdemolition.com Authorized signature: Chad Hoffart Date: 9/25/17 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, I will comply with all such regulations (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.	The state of the s	FAX: 503	3.620.1708				
Authorized signature: Print name: Chad Hoffart Date: 9/25/17 Contact Person	CCB lic. no. 48263				misrepresentation or	omission of fact (whether in	ntentional or
Print name: Chad Hoffart Date: 9/25/17 X Applicant Contact Person	Authorized signature:						
Contact Person	Print name: Chad Hoffar	t	Date: 9/25/1	17			ncy, regardless
Business name: Northwest Demolition and Dismantling Contact name: Chad Hoffart Address: P.O. Box 230819 City/State/ZIP: Tigard, OR 97284 Phone: 503.638.3900 E-mail: CHoffart@nwdemolition.com Authorized signature: Chad Hoffart 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 (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 obtaine							Permit
Contact name: Chad Hoffart Address: P.O. Box 230819 City/State/ZIP: Tigard, OR 97284 Phone: 503.638.3900 E-mail: CHoffart@nwdemolition.com Authorized signature: Chad Hoffart Date received This permit application expires if a permit is not obtaine	NT (1				Application may be si	ubject to regulations govern	ning the
Address: P.O. Box 230819 City/State/ZIP: Tigard, OR 97284 Phone: 503.638.3900 E-mail: CHoffart@nwdemolition.com Authorized signature: Date received Chad Hoffart Cha	C1 111		8		based paint. If the wo	ork is subject to regulations	governing
City/State/ZIP: Tigard, OR 97284 Phone: 503.638.3900 E-mail: CHoffart@nwdemolition.com Authorized signature: Date received Chad Hoffart					The second control of the second seco		with all such
Phone: 503.638.3900 E-mail: CHoffart@nwdemolition.com Authorized signature: Chad Hoffart Please refer to fee schedule Fees due upon application Amount received Date received This permit application expires if a permit is not obtaine	1.0. Box 23						
E-mail: CHoffart@nwdemolition.com Amount received Date received This permit application expires if a permit is not obtaine			(00.1500				
Authorized signature: Chad Hoffart O(25/17) Date received This permit application expires if a permit is not obtaine		1704.	.620.1708		Fees due upon	application	
Authorized signature: Chad Hoffart O(25/17) This permit application expires if a permit is not obtained.	E-mail: CHoffart@	nwdemolition.com			Amou	nt received	
Chad Hoffart O/25/17 This permit application expires if a permit is not obtained	Authorized	1-	~~		Da	te received	
	Print name:	ffart	Date: 9/25/	17			





Type of work			Office Use Only		
☐ New construction	☐ Addition/alteration	on/replacement	Permit no:		
 △ Demolition	Other:		Date received:		
Category of construction			Ву:		
☐ 1 & 2 family dwelling	☐ Commercial/industrial	☐ Accessory building			
☐ Multifamily	☐ Master builder	Other:	Required Data: 0	one and Two Family Dwelli	ng
Job site information and lo	cation			sed on the value of the work per	
Job no.: Job addre	ess: 2141 NW 25th Av	e	of all equipment, ma	value (rounded to the nearest of sterials, labor, overhead, and the	
City/State/ZIP: Portland.	OR 97210		for the work indicate Valuation:	ed on this application.	
Suite/bldg./apt. no.:		nt 1 demolition-Phase 1	Number of bedrooms:		
Cross street/directions to job site	NW 25th and Wilson	1	Number of bathrooms:		
			Total number of floors:		
Subdivision:	Lot no.TL 1	00 Tax!map/ R316317	New dwelling area:	sq	uare feet
Description of wo	ork	10017	Garage/carport area:	sq	uare feet
Demolition of building		turbance this phase	Covered porch area:	pe	uare feet
Building 29 will be den			Deck area:	sq	uare feet
Bananig 25 win be den	nonsited as part of seq.	defice #5 of 1st phase.	Other structure area:	sq	uare feet
			Required Data: 0		
				sed on the value of the work per value (rounded to the nearest of	
Provide RS Permit no.			of all equipment, ma	aterials, labor, overhead, and the	
X Property owner	Tenant			ed on this application.	
Name: ESCO Corp		vis.Quarles@escocorp.co	Existing building area:	600	uare feet
Address: 2141 NW 25th	Ave		New building area:		uare feet
City/State/ZIP: Portland, O	R 97210		Number of stories:	1	
Phone: 503.778.6493	FAX: 50	3.778.6360	Type of construction:	wood	
	s being made on property that I own,	which is not intended for sale, lease, rent,	Occupancy groups		
or exchange. Owner signature:		Date:	Existing:		
X Contractor		Date.	New:		
Business name:NWDD	E-mail: ch	offart@nwdemolition.com	Notice	pubagatractors are required to b	
		Trait@iiwdemontion.com	licensed with the Or	subcontractors are required to be egon Construction Contractors I	Board
Address: P.O. Box 23081				I may be required to be licensed work is being performed.	in the
City/State/ZIP: Tigard, OR				I certify that the facts and informa	ition
Phone: 503.638.6900	FAX: 503	3.620.1708		ation are true and complete to the e. I understand that any falsificatio	
CCB lic. no. 48263			misrepresentation or	omission of fact (whether intention	nal or
Authorized signature:				n or any other required document, atement or omission, may be caus	
Print name: Chad Hoffart		Date: 9/25/17	revocation of permit a	and/or certificate of occupancy, reg vered	jardless
X Applicant		t Person		ork related to this Building Permit	
	t Demolition and Dism		Application may be s	ubject to regulations governing the d/or disposal of asbestos and/or le	9
Contact name: Chad Ho			based paint. If the wo	ork is subject to regulations govern	ning
			asbestos and/or lead regulations.	-based paint, I will comply with all (initials)	such
Address: P.O. Box 230			Building Permit	Fees*	
City/State/ZIP: Tigard, OR		620.1708	Please refer to fee	Market Market Street St	
Phone: 503.638.3900	1700.	.020.1700	Fees due upon	application	
E-mail: CHoffart@r	nwdemolition.com		Amou	nt received	
Authorized signature:	le por	2		te received	
Print name: Chad Hof	fart	Date: 9/25/17		tion expires if a permit is not o er it has been accepted as com	





Building Permit Application			375-60
City of Portland, Oregon - Bureau of Developm 1900 SW 4th Avenue, Portland, Oregon 97201 • 503-823-7300 • TTY 503	nent Services -823-6868 · www.port	landoregon.gov/bds	10-01

Type of work				Office Use Only		
☐ New construction	☐ Addition/alteration	n/replacement		Permit no:		
Demolition	Other:			Date received:		
Category of construction				By:		
☐ 1 & 2 family dwelling	Commercial/industrial	☐ Accessory building				
☐ Multifamily	Master builder	Other:		Required Data: C	one and Two Family D	welling
Job site information and local	tion				sed on the value of the wor	
Job no.: Job address:	2141 NW 25th Ave			of all equipment, ma	value (rounded to the nea terials, labor, overhead, ar d on this application.	
City/State/ZIP: Portland, O	R 97210			Valuation:	а ст ино аррисанот.	
Suite/bldg./apt. no.:	Project name: ESCO Plan	t 1 demolition-Phase	1	Number of bedrooms:		
Cross street/directions to job site:	NW 25th and Wilson			Number of bathrooms:		
				Total number of floors:		
Subdivision:	Lot no.TL 10	00 Tax!map/ R316	317	New dwelling area:		square feet
Description of work		1676	,317	Garage/carport area:		square feet
Demolition of building 3		urbance this phase		Covered porch area:		square feet
Building 30 will be demo				Deck area:		square feet
bunding 50 win be demo	nished as part of sequ	Terret #2 of 1st phase.		Other structure area:		square feet
				Required Data: C	ommercial Use	
Provide RS Permit no.				formed. Indicate the of all equipment, ma	sed on the value of the wor value (rounded to the nea terials, labor, overhead, and on this application.	rest dollar)
X Property owner Name: ESCO Corp	Tenant Tra	vis.Quarles@escocorp	com	Valuation:	6996	
Address: 2141 NW 25th Av		vis.Quaries@esecceorp		Existing building area:	2,700	square feet
				New building area:	0	square feet
City/State/ZIP: Portland, OR	97210			Number of stories:	1	
Phone: 503.778.6493	FAX: 503	.778.6360		Type of construction:	wood and steel	
Owner installation: This installation is be	eing made on property that I own, w	hich is not intended for sale, lease,	rent,	Occupancy groups		
or exchange. Owner signature:		Date:		Existing:		
X Contractor		Date.		Notice New:		
Business name:NWDD	E-mail: cho	ffart@nwdemolition.	com		subcontractors are required	d to be
Address: P.O. Box 230819	eno	nurte iiw demonition.		licensed with the Ore	egon Construction Contrac	ctors Board
The second secon	7204			jurisdiction in which	may be required to be lice work is being performed.	ensed in the
City/State/ZIP: Tigard, OR 97				Statement of Fact:	I certify that the facts and in	
Phone: 503.638.6900	FAX: 503	.620.1708		The second secon	ation are true and complete at I understand that any falsi	William Department of the Control of
CCB lic. no. 48263				misrepresentation or	omission of fact (whether int	entional or
Authorized signature:					n or any other required docu utement or omission, may be	The state of the s
Print name: Chad Hoffart		Date: 9/25/17		revocation of permit a	ind/or certificate of occupant	cy, regardless
X Applicant	Contact				ork related to this Building P	ermit
	Demolition and Dism				ubject to regulations governi d/or disposal of asbestos an	
Contact name: Chad Hoffa	art		-	based paint. If the wo	rk is subject to regulations g	overning
Address: P.O. Box 23081				asbestos and/or lead- regulations.	-based paint, I will comply w (initials)	ith all such
City/State/ZIP: Tigard, OR 97			-	Building Permit F	ees*	
Phone: 503.638.3900	T 500	520.1708		Please refer to fee	schedule	
	170%	520.1700		Fees due upon	application	
E-mail: CHoffart@nw	demolition.com			Amour	nt received	
Authorized signature:	ens	~~		Dat	te received	
Print name: Chad Hoffar	t	Date: 9/25/17			tion expires if a permit is	





Building Permit Application

17-249376-co
| DMO-0| 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

Type of work		Office Use Only	
☐ New construction	Addition/alteration/replacement	Permit no:	
V	Other:	Date received:	
Category of construction		By:	
☐ 1 & 2 family dwelling ☐ Commerc	ial/industrial		
☐ Multifamily ☐ Master bu	ilder	Required Data: C	one and Two Family Dwelling
Job site information and location			sed on the value of the work pervalue (rounded to the nearest dollar)
Job no.: Job address: 2141 N	NW 25th Ave	of all equipment, ma	terials, labor, overhead, and the profit
City/State/ZIP: Portland, OR 97210		for the work indicate Valuation:	d on this application.
	ESCO Plant 1 demolition-Phase 1	Number of bedrooms:	
Cross street/directions to job site: NW 25th	n and Wilson	Number of bathrooms:	
		Total number of floors:	
Subdivision:	Lot no. TL 100 Tax!map/ R31631	New dwelling area:	square feet
Description of work		Garage/carport area:	square feet
Demolition of building 32 to slab	. No soil disturbance this phase.	Covered porch area:	square feet
	s part of Sequence #2 of 1st phase.	Deck area:	square feet
		Other structure area:	square feet
		Required Data: C	commercial Use sed on the value of the work per-
Provide RS Permit no.		formed. Indicate the of all equipment, ma	value (rounded to the nearest dollar) terials, labor, overhead, and the profit on this application.
X Property owner	Tenant	14.1	20 72 9
Name: ESCO Corp	E-mail: Travis.Quarles@escocorp.co	Existing building area:	8,000 square feet
Address: 2141 NW 25th Ave		New building area:	0 square feet
City/State/ZIP: Portland, OR 97210		Number of stories:	1-2
Phone: 503.778.6493	FAX: 503.778.6360	Type of construction:	wood, steel & concrete
	property that I own, which is not intended for sale, lease, rent,	Occupancy groups	
or exchange. Owner signature:	Date:	Existing:	
X Contractor	Zute.	Notice New:	
Business name:NWDD	E-mail: choffart@nwdemolition.com		subcontractors are required to be
Address: P.O. Box 230819		licensed with the Or	egon Construction Contractors Board may be required to be licensed in the
City/State/ZIP: Tigard, OR 97284			work is being performed.
Phone: 503.638.6900	FAX: 503.620.1708		I certify that the facts and information ation are true and complete to the
CCB lic. no. 48263	FAX: 503.620.1708	best of my knowledge	e. I understand that any falsification,
CCB IIC. no. 46203		The state of the s	omission of fact (whether intentional or or any other required document, as well
Authorized signature:			atement or omission, may be cause for and/or certificate of occupancy, regardless
Print name: Chad Hoffart	Date: 9/25/17	of how or when disco	
X Applicant	Contact Person		ork related to this Building Permit
Business name: Northwest Demolition	on and Dismantling	handling, removal an	ubject to regulations governing the d/or disposal of asbestos and/or lead-
Contact name: Chad Hoffart			ork is subject to regulations governing -based paint, I will comply with all such
Address: P.O. Box 230819		regulations	
City/State/ZIP: Tigard, OR 97284		Building Permit	
Phone: 503.638.3900	FAX: 503.620.1708	Please refer to fee	——————————————————————————————————————
E-mail: CHoffart@nwdemolit	1700.	Fees due upon	application nt received
L-mail.			te received
Authorized signature:	n	L	tion expires if a permit is not obtained
Print name: Chad Hoffart	Date: 9/25/17		er it has been accepted as complete.





Type of work				Office Use Only		
☐ New construction	☐ Addition/alterat	ion/replacement		Permit no:		
Demolition	Other:			Date received:		
Category of construction				By:		
☐ 1 & 2 family dwelling	☐ Commercial/industrial	☐ Accessory building				
☐ Multifamily	☐ Master builder	Other:		Required Data: O	ne and Two Fa	mily Dwelling
Job site information and loca	tion			Permit fees* are bas	ed on the value o	of the work per-
Job no.: Job address	2141 NW 25th Av	re		formed. Indicate the of all equipment, ma for the work indicate	terials, labor, over	rhead, and the profit
City/State/ZIP: Portland, C				Valuation:		
		nt 1 demolition-Pha	ise 1	Number of bedrooms:		
Cross street/directions to job site:	NW 25th and Wilso	n		Number of bathrooms:		
				Total number of floors:		
Subdivision:	Lot no. TL 1	.00 Tax!map/ R3	16317	New dwelling area:		square feet
Description of worl		IKS	710317	Garage/carport area:	VIII	square feet
Demolition of building		eturbance this phase		Covered porch area:		square feet
Building 41 will be demo				Deck area:		square feet
bunding 41 win be define	msned as part of seq	defice #4 of 1st phas		Other structure area:		square feet
				Required Data: C	ommercial Use	e
				Permit fees* are bas		
Provide RS Permit no.				formed. Indicate the of all equipment, ma		rhead, and the profit
X Property owner	Tenant			for the work indicate		
Name: ESCO Corp	E-mail: Tr	avis.Quarles@escoco	orp.com	Valuation:	643	200
Address: 2141 NW 25th Av	re			Existing building area:		o square reer
City/State/ZIP: Portland, OR	97210			New building area:	ſ	O square feet
Phone: 503.778.6493		3.778.6360		Number of stories:	wood ste	el & concrete
The first have been also from the first first from the first	10000000 0000			Type of construction: Occupancy groups	wood, stee	er a concrete
Owner installation: This installation is b or exchange.	eing made on property that I own,	which is not intended for sale, lea	ase, rent,	Existing:		
Owner signature:		Date:		New:		
X Contractor				Notice		
Business name:NWDD	E-mail: ch	offart@nwdemolitio	n.com	All contractors and s	ubcontractors are	required to be
Address: P.O. Box 230819				licensed with the Ore under ORS 701 and	gon Construction may be required	to be licensed in the
City/State/ZIP: Tigard, OR 92	7284			jurisdiction in which		
Phone: 503.638.6900	—————— —	3.620.1708		Statement of Fact: set forth in this applica	 D. M. Lindbrack Telephonescopic and a published 	
CCB lic. no. 48263	1,,,,	0.020.17.00		best of my knowledge	. I understand that	any falsification,
OOD 110. 110. 10203				misrepresentation or on one of the misrepresentation or one of the misrepresentation of the m		red document, as well
Authorized signature:				as any misleading sta		n, may be cause for occupancy, regardless
Print name: Chad Hoffart		Date: 9/25/17		of how or when discov		occupancy, regardless
X Applicant		t Person		I acknowledge that wo		
Business name: Northwest I	Demolition and Disn	nantling		Application may be su handling, removal and	bject to regulations /or disposal of asb	s governing the bestos and/or lead-
Contact name: Chad Hoff	art			based paint. If the wor asbestos and/or lead-		
Address: P.O. Box 2308	10			regulations.	Annual Control of the	Joinply With all Such
City/State/ZIP: Tigard, OR 97				Building Permit F	ees*	
Phone: 503.638.3900	F03	.620.1708		Please refer to fee	schedule	
	1700.	.020.1700		Fees due upon a	application	
E-mail: CHoffart@nw	demolition.com			Amour	nt received	
Authorized signature:	- pro	7		Dat	e received	
Print name: Chad Hoffa:	rt	Date: 9/25/17		This permit applicat		permit is not obtained





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

17-249381-60 pment Services DMO-01

1000 011	tai Avenue, i ordana, or	-9			portianaoregon	gov/bac	
Type of work					Office Use Only		
☐ New construction	☐ Addition/a	Iteration/re	placement		Permit no:		
Demolition	Other:		,		Date received:		
Category of construction					By:		
☐ 1 & 2 family dwelling	Commercial/industria	ı [Accessory bui	Idina			
	Master builder		Other:		Required Data: O	ne and Two Family I	Dwelling
Job site information and loca					Permit fees* are bas	sed on the value of the w	ork per-
Job no.: Job address	2141 NW 25th	n Ave			of all equipment, ma	value (rounded to the ne terials, labor, overhead, d on this application.	the second of th
City/State/ZIP: Portland, O	R 97210				Valuation:	d on this application.	2
Suite/bldg./apt. no.:	Project name: ESCO	Plant 1	demolition	-Phase 1	Number of bedrooms:		
Cross street/directions to job site:	NW 25th and W	ilson			Number of bathrooms:		
Subdivision:					Total number of floors:		
- NORMANISH AL	Lot no.	TL 100	Tax!map/	R316317	New dwelling area:		square feet
Description of work					Garage/carport area:		square feet
Demolition of building 4	2 to slab. No soi	l disturl	bance this p	hase.	Covered porch area:		square feet
Building 42 will be demo					Deck area:		square feet
					Other structure area:		square feet
90					Required Data: C		
		Name and the same				sed on the value of the w value (rounded to the ne	
Provide RS Permit no.					of all equipment, ma for the work indicate	iterials, labor, overhead,	and the profit
X Property owner		nant	0 1 0			16,010	
Name: ESCO Corp	Les Andrews	1 ravis.	.Quaries@es	scocorp.con	Existing building area:	4,200	square feet
Address: 2141 NW 25th Av	e				New building area:	0	square feet
City/State/ZIP: Portland, OR	97210				Number of stories:	1-2	
Phone: 503.778.6493	FAX:	503.77	78.6360		Type of construction:	wood, steel &	concrete
Owner installation: This installation is be	eing made on property that	I own, which	is not intended for	sale, lease, rent,	Occupancy groups		
or exchange. Owner signature:			Dot	0.	Existing:		
X Contractor			Dat	e.	New:		
Business name: NWDD	E-mail:	choffa	rt@nwdemo	olition com	Notice	u baartaataa aa aa aa ii	ad to be
	L-mail.	CHOHa	1 twilwaeine	Jittoii.com		subcontractors are requir egon Construction Contr	
Address: P.O. Box 230819	7204					may be required to be li work is being performed	
City/State/ZIP: Tigard, OR 97	284					I certify that the facts and	
Phone: 503.638.6900	FAX:	503.62	20.1708			ation are true and complete. I understand that any fal	
CCB lic. no. 48263	*				misrepresentation or	omission of fact (whether i	intentional or
Authorized signature:	¥				the state of the s	n or any other required doc stement or omission, may l	
Print name: Chad Hoffart		De	9/25/17	7	revocation of permit a	and/or certificate of occupa	ncy, regardless
Applicant	C	ontact Pe	aic.		Chrystophysiole, Selection Selection (Selection)	vered. ork related to this Building	Permit
	Demolition and I				Application may be su	ubject to regulations gover	ning the
C1 111 CC			8			d/or disposal of asbestos a rk is subject to regulations	
					asbestos and/or lead- regulations	based paint, I will comply (initials)	with all such
Address: P.O. Box 23081					Building Permit F		
City/State/ZIP: Tigard, OR 97					Please refer to fee		
Phone: 503.638.3900	FAX:	503.620	0.1708		Fees due upon		
E-mail: CHoffart@nw	demolition.com		Contract Con		Amour	nt received	
	12. 12		<u> </u>		Dat	te received	
Authorized signature: Chad Hoffar	rt		0/25/1	7	This permit applicat	tion expires if a permit i	is not obtained

9/25/17

Date:

within 180 days after it has been accepted as complete.





17-249532-60

Type of work			Office Use Only		
☐ New construction	v construction Addition/alteration/replacement		Permit no:		
≱ Demolition □ Other:			Date received:		
Category of construction			Ву:		
☐ 1 & 2 family dwelling ☐ Commercial/industrial ☐ Accessory building					
☐ Multifamily ☐ Master builder ☐ Other:			Required Data: One and Two Family Dwelling		
Job site information and location			Permit fees* are based on the value of the work per-		
Job no.: Job address: 2300 NW 26TH AVE			formed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit		
City/State/ZIP: Portland, OR 97210			for the work indicate Valuation:	d on this application.	
Suite/bldg./apt. no.: Project name: ESCO Plant 1 demolition-Phase 1			Number of bedrooms:		
Cross street/directions to job site: NW 25th and Wilson			Number of bathrooms:		
			Total number of floors:		
Subdivision:			New dwelling area:	square feet	
Description of work	Lot no.TL 1700	Tax!map/ R316380	Garage/carport area:	square feet	
			Covered porch area:	square feet	
Demolition of building 43 to slab. No soil disturbance this phase.			Deck area:	square feet	
Building 43 will be demolished as part of Sequence #1 of 1st phase.			Other structure area:	square feet	
			Required Data: C	Commercial Use	
			Permit fees* are based on the value of the work per- formed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit		
Provide RS Permit no.					
X Property owner	Tenant		for the work indicate	d on this application.	
Name:ESCO Corp	E-mail: Travis	s.Quarles@escocorp.com	Valuation:	145,614	
Address: 2141 NW 25th Ave			Existing building area:	38,200 square feet	
City/State/ZIP: Portland, OR 97210			New building area:	0 square feet	
	J-17 502 7	70 6260	Number of stories:	wood, steel & concrete	
Phone: 503.778.6493 FAX: 503.778.6360			Type of construction: WOOD, Steel & CONCrete Occupancy groups		
Owner installation: This installation is being made on property that I own, which is not intended for sale, lease, rent, or exchange.			Existing:		
Owner signature: Date:			New:		
X Contractor			Notice		
Business name:NWDD	E-mail: choffa	art@nwdemolition.com		subcontractors are required to be	
Address: P.O. Box 230819			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.		
City/State/ZIP: Tigard, OR 97284					
Phone: 503.638.6900 FAX: 503.620.1708			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		
CCB lic. no. 48263					
Authorized signature:				itement or omission, may be cause for and/or certificate of occupancy, regardless	
Print name: Chad Hoffart	D	pate: 9/25/17	of how or when disco	the region of the control of the con	
X Applicant			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		
Business name: Northwest Demolition and Dismantling					
Contact name: Chad Hoffart					
				regulations (initials)	
City/State/ZIP: Tigard, OR 97284			Building Permit Fees*		
Phone: 503.638.3900 FAX: 503.620.1708			Please refer to fee		
CII-ff-stormal-maliti-			Fees due upon		
E-mail: CHoffart@nwdemolition.com				nt received	
Authorized signature: Date received					
Chad Hoffart Print name: Chad Hoffart Date: 9/25/17 This permit application expires if a permit is not obtaine within 180 days after it has been accepted as complete.					