6810 SW 26TH AVE REV-01 CO10-181683,89,90,92,94

NEW DECK CONNECTORS PER DETAIL 1/92. LOCATE AT JOIST CLOSET - EXIST. 4x4 POST TO BE REMOVED CENTER OF HEADER SPAN NEW (2) 4x4 DF. 12 POST ABOVE DECK PER DETAIL 2/92 - NEW 4x4 D.F. *2 BELOW TO REMAIN - PROVIDE DECK CONNECTORS HANDRAIL TO REMAIN . HANDRAIL TO REMAIN -PER DETAIL 1/92 AT (3) LOCATIONS.
(1) AT JOIST CLOSET TO CENTER OF SPAN AND , (1) EACH END JOIST. - NEW DECK CONNECTORS EXIST, STAIR EXIST, STAIR EXIST. 4x4 POST BELOW TO REMAIN CHANNEL STRINGERS TO REMAIN NEW DECK CONNECTORS
NEW DECK CONNECTORS
NEW DECK CONNECTORS - PROVIDE DECK CONNECTORS
PER DETAIL 3/62 AT (3) LOCATIONS.

(1) AT EXISTING LEDGER, (1) AT
CENTER OF SPAN, AND (1) AT
EXTERIOR EDGE TO REMAIN CUT TOP AS REQ'D POST ABOVE DECK PER DETAIL 2/62 FOR NEW HEADERS (PROVIDE NEW POST AT BLDG, '6850' EXTERIOR EDGE. BELOW TO REMAIN PROVIDE DECK CONNECTORS PER DETAIL 3/92 AT (3) LOCATIONS. (1) AT EXISTING LEDGER, (1) AT CENTER OF SPAN, AND (1) AT EXISTING EXTERIOR WALKWAY TO REMAIN — EXISTING EXTERIOR WALKWAY TO REMAIN -NEW DECK CONNECTORS AND BLK'G PER DETAIL 3/62. LOCATE AT CENTER OF SPAN EXTERIOR EDGE. EXIST. 2 XLEDGER TO REMAIN XIST. 2 XLEDGER TO REMAIN EXISTING BUILDING . PER DETAIL 3/62. -NOTE: REMOVE EXISTING HANDRAILS AND REPLACE PER DETAILS 1/62 AND 3/62 NOTE: REMOVE EXISTING LANDING AND REPLACE PER PLAN REPLACEMENT DECK FRAMING PLAN - NEW (1) 444 PER PLAN WITH (3) 1/2 THI
BOUTS, (1) 6 FROM TOP AND BOTTOM AND (1)
THTEN, MEDITE. PROVIDE IT FROM 'AT HY' POST
BAKE ATERIA POST TO NEW DELK TOP PLATE TO YX4 POST SITE PLAN KEYNOTES: 1. EXISTING WOOD FRAMED DECK WITH CONCRETE. TOPPING TO BE REMOVED AND REPLACED PER - Vz"ØTHRNJOUT EXISTING WOOD FRAMED DECK TO REMAIN. REMOVE EXISTING WOOD HANDRAILS AND AND REPLACE PER PLAN 2/SI. SIMPSON HULLIO CONCELLED FLANGE HANGER AT EXISTEND BUZZELL LEDGER AND SIMPSON

HENDER PER HOUSE ST-FION
THE PERSON CANCE HOWER
THE HENDER (SETST THE 25TM CO.D.)

EXPIRES: 12-31- 10

BY 66 DATE 9/20/10

CHK BY _____ DATE_____

108 NO 10262

2 POST / HENDER DETAIL

1MR TM RIPPEY CONSULTING ENGINEERS

7650 S.W. Beveland St, Suite 100

SLALE 1/2"=1.0"

SPRING CALCER "INTY-EUS

(CONSTRUCTION ADDENDUM 11/9/10 SHEET OF

GENERAL STRUCTURAL NOTES

CODE REQUIREMENTS:
CONFORM TO THE 2009 INTERNATIONAL BUILDING CODE AS AMENDED BY THE 2010 OREGON STRUCTURAL SPECIALTY CODE, REFERENCED HEREAFTER AS IBC.

DESIGN CRITERIA:
DESIGN WAS BASED ON THE STRENGTH AND DEFLECTION CRITERIA OF THE IBC. IN ADDITION TO THE DEAD LOADS, THE FOLLOWING LOADS WERE USED FOR DESIGN, WITH LIVE LOADS REDUCED PER IBC:

FLOOR LIVE LOAD: 100 PSF

GUARDRAIL IMPACT LOAD: 200 LBS OR 50 LB/FT

ALLOWABLE SOIL BEARING PRESSURE: 1,500 PSF (ASSUMED).

EXISTING CONDITIONS:
THE CONTRACTOR SHALL FIELD VERIFY ALL EXISTING CONDITIONS, DIMENSIONS AND ELEVATIONS. THE
CONTRACTOR SHALL NOTIFY THE ARCHITECT/ENGINEER OF ANY DISCREPANCIES FROM CONDITIONS
SHOWN ON THE DRAWINGS PRIOR TO THE START OF THE WORK.

TEMPORARY CONDITIONS:
THE CONTRACTOR SHALL BE RESPONSIBLE FOR STRUCTURAL STABILITY OF THE NEW AND EXISTING STRUCTURES AND WALLS DURING CONSTRUCTION. THE STRUCTURE SHOWN ON THE DRAWINGS HAS BEEN DESIGNED FOR STABILITY UNDER THE FINAL CONFIGURATION ONLY.

CAST-IN-PLACE CONCRETE:
MIX DESIGN, PREPARE DESIGN MIXES FOR EACH TYPE OF CONCRETE, PROPORTION MIXES BY EITHER LABORATORY TRIAL BATCH OR FIELD EXPERIENCE METHODS, USING MATERIALS TO BE EMPLOYED ON THE WORK FOR EACH CLASS OF CONCRETE REQUIRED. FURNISH CERTIFIED REPORTS OF EACH PROPOSED MIX FOR EACH TYPE OF WORK OF THIS SECTION. THE CONTRACTOR SHALL SUBMIT CONCRETE MIX DESIGNS, ALONG WITH TEST DATA AS REQUIRED, A MINIMUM OF TWO WEEKS PRIOR TO

ADMIXTURES: AIR ENTRAINING AGENT IN ACCORDANCE WITH ASTM C260 AND WATER-REDUCING ADMIXTURE CONFORMING TO ASTM 494, USED IN STRICT ACCORDANCE WITH THE MANUFACTURER'S RECOMMENDATIONS, MAY BE INCORPORATED IN CONCRETE DESIGN MIXES. AN AIR-ENTRAINING AGENT CONFORMING TO ASTM C260 SHALL BE USED IN CONCRETE MIXES FOR EXTERIOR HORIZONTAL SURFACES EXPOSED TO WEATHER. THE AMOUNT OF ENTRAINED AIR SHALL BE 5% - 7% BY VOLUME. FLY ASH SHALL CONFORM TO ASTM C 618 AND SHALL BE LIMITED TO A 15% MAXIMUM BY CEMENT WIFEGUT.

CONCRETE WORK SHALL CONFORM TO ACI 301. CONCRETE STRENGTHS SHALL BE VERIFIED BY STANDARD 28-DAY CYLINDER TESTS PER ASTM C39, AND SHALL BE AS FOLLOWS:

FOOTINGS: F'C=3,000 PSI AT 28 DAYS. (MINIMUM CEMENT CONTENT = 470 LBS) SLEEVES, OPENINGS, CONDUIT, AND OTHER EMBEDDED ITEMS NOT SHOWN ON THE STRUCTURAL DRAWINGS SHALL BE AFPROVED BY THE STRUCTURAL ENGINEER BEFORE FOURING. CONDUITS EMBEDDED IN SLABS SHALL NOT BE LARGER THAN ONE THIRD OF THE THICKNESS OF THE SLAB AND SHALL NOT BE SPACED CLOSER THAN THREE DIAMETERS ON CENTER. PROVIDE 3/4" CHAMFERS ON

ALL EXPOSED CONCRETE EDGES UNLESS NOTED OTHERWISE. CONCRETE REINFORCING STEEL:
REINFORCING STEEL SHALL CONFORM TO ASTM AGE, GRADE 60 AND FOR DEFORMED BARS, UNLESS
OTHERWISE NOTED. REINFORCING STEEL TO SE WELDED SHALL CONFORM TO ASTM AT06. WELDED
WIRE FABRIC SHALL CONFORM TO AGTM AR2 AND ALGS.

REINFORCING STEEL SHALL BE DETAILED IN ACCORDANCE WITH ACI 315 LATEST EDITION ("DETAILS AND DETAILING CONCRETE REINFORCEMENT").

REINFORCING STEEL SHALL HAVE PROTECTION AS FOLLOWS:

MINIMUM COVER:

CONCRETE CAST AGAINST AND PERMANENTLY EXPOSED TO EARTH:

CONCRETE ACCESSORIES:
CONCRETE SCREW ANCHORS SHALL BE "SIMPSON TITEN-HD" OR ENGINEER APPROVED EQUIVALENT.

CARPENTRY: SAUN LUMBER DESIGN IS BASED ON THE NATIONAL DESIGN SPECIFICATION, LATEST EDITION. SAUN

LUMBER SHALL CONFORM TO WEST COAST LUMBER INSPECTION BUREAU OR WESTERN WOOD PRODUCTS ASSOCIATION GRADING RULES. UNLESS NOTED OTHERWISE ALL LUMBER SHALL HAVE A MAXIMUM MOISTURE CONTENT OF 19% AT TIME OF FABRICATION. ALL WOOD IN PERMANENT CONTACT WITH CONCRETE OR CMU SHALL BE PRESSURE TREATED UNLESS AN APPROVED BARRIER IS PROVIDED. PRESSURE TREAT ALL CUT ENDS OF P.T. WOOD. GRADES SHALL BE AS FOLLOWS UNLESS NOTED OTHERWISE ON THE PLANS:

SPECIES 4 GRADE POSTS AND BEAMS 4x OR SMALLER DF. 12 OR BETTER

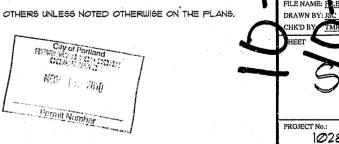
BLOCKING DF. STANDARD OR BETTER

FRAMING ACCESSORIES AND STRUCTURAL FASTENERS SHALL BE MANUFACTURED BY SIMPSON STRONG-TIE COMPANY (OR ENGINEER APPROVED EQUAL) AND OF THE SIZE AND TYPE SHOWN ON THE DRAWINGS AND ATTACHED PER MANUFACTURER'S REQUIREMENTS AND RECOMMENDATIONS UNLESS NOTED OTHERWISE. HANGERS NOT SHOWN SHALL BE SIMPSON HU OF SIZE RECOMMENDED FOR MEMBER. ALL FRAMING NAILS SHALL BE COMMON NAILS, NO BOX NAILS ALLOWED, FASTENERS AND ACCESSORIES IN CONTACT WITH PRESERVATIVE TREATED WOOD MUST BE HOT DIPPED GALLYANIZED OR HAVE ZMAX COATING. ALL FASTENERS IN CONTACT WITH FIRE RETARDANT LUMBER MUST BE HOT-DIPPED GALVANIZED.

NAIL TYPE 8d 10d <u>DIAMETER</u> Ø.131'' Ø.148'' 3-1/2" 0.162"

SHEATHING PANELS SHALL CONFORM TO THE REQUIREMENTS OF YOLUNTARY PRODUCT STANDARD P OR PS 7, OR APA PRP-108 PERFORMANCE STANDARDS. UNLESS NOTED, PANELS SHALL BE APA RATED SHEATHING, EXPOSURE 1, OF THE THICKNESS AND SPAN RATING SHOWN ON THE DRAWINGS. INSTALLATION SHALL BE IN CONFORMANCE WITH APA RECOMMENDATIONS. ALLOW 1/8" SPACING AT PANEL ENDS AND EDGES, UNLESS OTHERWISE RECOMMENDED BY THE PANEL MANUFACTURER.

FLASHING AND WATERPROOFING: ALL FLASHING AND WATERPROOFING SHALL BE BY OTHERS UNLESS NOTED OTHERWISE ON THE PLANS.



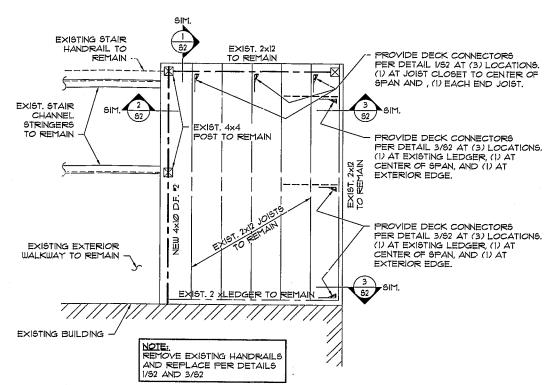
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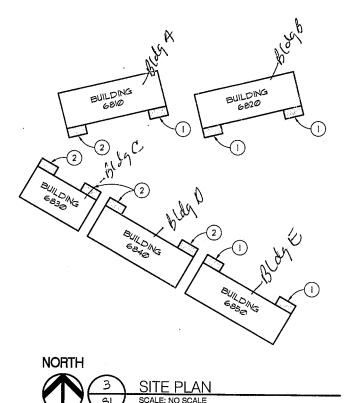
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NEW DECK CONNECTORS



HANDRAIL REPLACEMENT DECK PLAN



SITE PLAN KEYNOTES:

- I. EXISTING WOOD FRAMED DECK WITH CONCRETE, TOPPING TO BE REMOVED AND REPLACED PER
- EXISTING WOOD FRAMED DECK TO REMAIN. REMOVE EXISTING WOOD HANDRAILS AND AND REPLACE PER PLAN 2/91.

Eurech of Development Services By WAF Date 10 9 10 Дэрлечей by Planning and Zэліng Review

GENERAL STRUCTURAL NOTES

CODE REQUIREMENTS:
CONFORM TO THE 2009 INTERNATIONAL BUILDING CODE AS AMENDED BY THE 2010 OREGON STRUCTURAL SPECIALTY CODE, REFERENCED HEREAFTER AS IBC.

DESIGN CRITERIA:
DESIGN WAS BASED ON THE STRENGTH AND DEFLECTION CRITERIA OF THE IBC. IN ADDITION TO THE
DEAD LOADS, THE FOLLOWING LOADS WERE USED FOR DESIGN, WITH LIVE LOADS REDUCED PER IBC:

Z

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GUARDRAIL IMPACT LOAD: 200 LBS OR 50 LB/FT

ALLOWABLE SOIL BEARING PRESSURE: 1,500 PSF (ASSUMED).

EXISTING CONDITIONS:
THE CONTRACTOR SHALL FIELD VERIFY ALL EXISTING CONDITIONS, DIMENSIONS AND ELEVATIONS. THE CONTRACTOR SHALL NOTIFY THE ARCHITECT/ENGINEER OF ANY DISCREPANCIES FROM CONDITIONS SHOWN ON THE DRAWINGS PRIOR TO THE START OF THE WORK.

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ADMIXTURES: AIR ENTRAINING AGENT IN ACCORDANCE WITH ASTM C260 AND WATER-REDUCING ADMIXTURE CONFORMING TO ASTM 494, USED IN STRICT ACCORDANCE WITH THE MANUFACTURER'S RECOMMENDATIONS, MAY BE INCORPORATED IN CONCRETE DESIGN MIXES. AN AIR-ENTRAINING AGENT CONFORMING TO ASTM C260 SHALL BE USED IN CONCRETE MIXES FOR EXTERIOR HORIZONTAL SURFACES EXPOSED TO WEATHER. THE AMOUNT OF ENTRAINED AIR SHALL BE 5% - 1% BY VOLUME. FLY ASH SHALL CONFORM TO ASTM C 618 AND SHALL BE LIMITED TO A 15% MAXIMUM BY CEMENT

CONCRETE WORK SHALL CONFORM TO ACI 301. CONCRETE STRENGTHS SHALL BE VERIFIED BY STANDARD 28-DAY CYLINDER TESTS PER ASTM C39, AND SHALL BE AS FOLLOWS:

FOOTINGS: f'c=3,000 PSI AT 28 DAYS. (MINIMUM CEMENT CONTENT = 470 LBS)

SLEEVES, OPENINGS, CONDUIT, AND OTHER EMBEDDED ITEMS NOT SHOWN ON THE STRUCTURAL DRAWINGS SHALL BE APPROVED BY THE STRUCTURAL ENGINEER BEFORE POURING. CONDUITS EMBEDDED IN SLABS SHALL NOT BE LARGER THAN ONE THIRD OF THE THICKNESS OF THE SLAB AND SHALL NOT BE SPACED CLOSER THAN THREE DIAMETERS ON CENTER. PROVIDE 3/4" CHAMFERS ON ALL EXPOSED CONCRETE EDGES UNLESS NOTED OTHERWISE.

CONCRETE REINFORCING STEEL:
REINFORCING STEEL SHALL CONFORM TO ASTM AGIS, GRADE 60 AND FOR DEFORMED BARS, UNLESS
OTHERWISE NOTED. REINFORCING STEEL TO BE WELDED SHALL CONFORM TO ASTM A706. WELDED

WIRE FABRIC SHALL CONFORM TO ASTM AS2 AND A185.

REINFORCING STEEL SHALL BE DETAILED IN ACCORDANCE WITH ACI 315 LATEST EDITION ("DETAILS AND DETAILING CONCRETE REINFORCEMENT").

REINFORCING STEEL SHALL HAVE PROTECTION AS FOLLOWS:

CONDITION: MINIMUM COVER: CONCRETE CAST AGAINST AND PERMANENTLY EXPOSED TO EARTH:

CONCRETE ACCESSORIES:
CONCRETE SCREW ANCHORS SHALL BE "SIMPSON TITEN-HD" OR ENGINEER APPROVED EQUIVALENT

CARPENTRY:
SAUN LUMBER DESIGN IS BASED ON THE NATIONAL DESIGN SPECIFICATION, LATEST EDITION. SAUN
LUMBER SHALL CONFORM TO WEST COAST LUMBER INSPECTION BUREAU OR WESTERN WOOD
PRODUCTS ASSOCIATION GRADING RULES. UNLESS NOTED OTHERWISE ALL LUMBER SHALL HAVE A
MAXIMUM MOISTURE CONTENT OF 19% AT TIME OF FABRICATION. ALL WOOD IN PERMANENT CONTACT
WITH CONCRETE OR CMU SHALL BE PRESSURE TREATED UNLESS AN APPROVED BARRIER IS
PROVIDED. PRESSURE TREAT ALL CUT ENDS OF P.T. WOOD. GRADES SHALL BE AS FOLLOWS UNLESS
NOTED OTHERWISE ON THE PLANS:

FRAMING ELEMENT SPECIES & GRADE POSTS AND BEAMS 4x OR SMALLER DF. '2 OR BETTER EXTERIOR DECK JOISTS DF. 12 OR BETTER

FRAMING ACCESSORIES AND STRUCTURAL FASTENERS SHALL BE MANUFACTURED BY SIMPSON STRONG-TIE COMPANY (OR ENGINEER APPROVED EQUAL) AND OF THE SIZE AND TYPE SHOUN ON THE DRAWINGS AND ATTACHED PER MANUFACTURER'S REQUIREMENTS AND RECOMMENDATIONS UNLESS NOTED OTHERWISE, HANGERS NOT SHOWN SHALL BE SIMPSON HU OF SIZE RECOMMENDED FOR MEMBER. ALL FRAMING NAILS SHALL BE COMMON NAILS, NO BOX NAILS ALLOWED, FASTENERS AND ACCESSORIES IN CONTACT WITH PRESERVATIVE TREATED WOOD MUST BE HOT DIPPED GALVANIZED OR HAVE ZMAX COATING. ALL FASTENERS IN CONTACT WITH FIRE RETARDANT LUMBER MUST BE HOT-DIPPED GALVANIZED.

DF, STANDARD OR BETTER

LENGTH 2-1/2" DIAMETER 0.131" 10d 16d 0.148" 0.162" 3-1/2"

BLOCKING

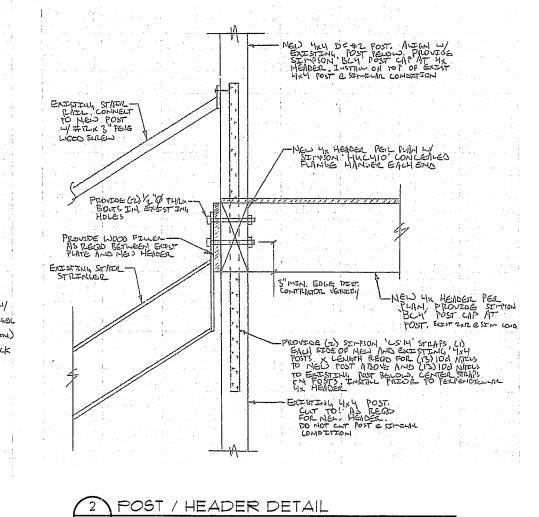
SHEATHING PANELS SHALL CONFORM TO THE REQUIREMENTS OF VOLUNTARY PRODUCT STANDARD PS I OR PS 2, OR APA PRP-10/8 PERFORMANCE STANDARDS, UNLESS NOTED, PANELS SHALL BE APA RATED SHEATHING, EXPOSURE I, OF THE THICKNESS AND SPAN RATING SHOWN ON THE DRAWINGS, INSTALLATION SHALL BE IN CONFORMANCE WITH APA RECOMMENDATIONS. ALLOW 1/8" SPACING AT PANEL ENDS AND EDGES, UNLESS OTHERWISE RECOMMENDED BY THE PANEL MANUFACTURER.

FLASHING AND WATERPROOFING: All Flashing and Waterproofing shall be by others unless noted otherwise on the plans

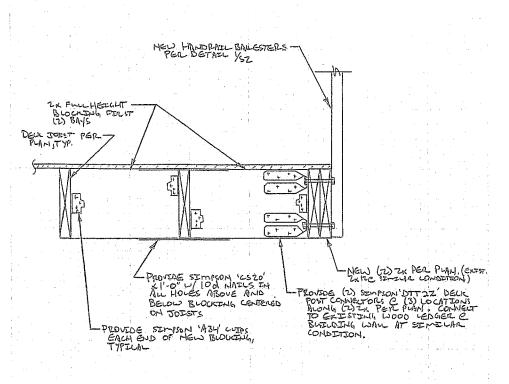


NEW ZAL TOP PLATE -WITH 10d NATUS TO ZX4 @ 1-0"OIL NEW TEL DE AZ HAND
PARTL BALLESTERS
STRIED SHEM THAT A
LI'D SPHERE CAMMOT
PASS THROUGH JTYPTLA.
BALLETERS TO BE OUTDOOK
LAGOO AND EXTEND TO
BOTTOM OF NEW OR
EKI STING HEADER PROVIDE (2) #12 SLACUS -X 15" MIN FENETARTIONS -FNTO HEADER AT EACH BNUESTER NEW 4x HEADER PER-PUAN WATH BE 11 POST CAP AT POST, (EXTSTENS 2x12 @ SZPJOAN COMDITION) \$2Z MELS (2) ZX PER PUNI MY
SIMPON HUC ZIO-L'
CONCENTED FUNIUE HAMGE
E-EACH CAN CERTSTAN
ZXIL & SIMPON (DICTION)

PROVIDE (1) SIMPON (DICTIONS)
POST (CONNECTORS & (3) LOCATIONS
ALONG (2) ZX PER PUNI MITH ZX
BLOCKING PER PUNI MITH ZX
BLOCKING PER PUNI MITH ZX NEW OR EXISTEND 4144 -NEW SEMPION 'ABULLY'
POST BASE WETH 70 0 X
6"EMBED SEMPSON'THEN-HO'
SCREW ANCHOR DEEP CONC. FOOTAIL S. 10
DEEP CONC. FOOTAIL S. 10
LY (T.) BY ENLY
LY (T.) BY ENLY
EXIBERE CORNERS. . '7 : . . DECK / HANDRAIL DETAIL SCALE: |" = 1'-0"



62



3 DECK SECTION <u>\$2</u> SCALE: |" = 1'-@"

DECK FRAMING DETAILS

T.M. RIPPEY

IMR

STRUCTURAL
SUSTRICT PROFESSOR

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W. OREGON

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EXPIRES: 12-31-10

SPRINGCREEK APTS. - LANDING UPGRADE AND REPLACEMENTS 6840 SW 26TH AVE. PORTLAND, OR

© TM. RIPPEY CONSULTING ENGINEERS INC. 2010. ALL RIGHTS RESERVED

THESE DRAWARDS ARE THE PROPERTY OF THE PROPE DATE: 09.22.10 FILE NAME; FILE NAME DRAWN BY: JSC
CHK'D BY: TMR
SHEET

> 52 OF 2 PROJECT No.: 1Ø282

City of Portland OCT 0 / 2010 Permit Numbo

CO10-181683,689,690 692,694

FEB 2 2 2011 MICROFILMED





Building Permit Application
City of Portland, Oregon - Bureau of Development Services
City of Portland, Oregon 97201 - 503-823-7310 • TTY 503-823-8869 • www.portlandoregon.gov/bds

	W 4th Avenue, Portland, Oregon 9720	11 - 303-023-7510 - 111-000-020-0000	This permit application exp	ilres if a permit is not
Type of work			obtained within 180 days a	ftor it has been accepted
T New construction	□ Addition/alteration/s	replacement	Office Use Only	, , ,
1 Demolition	☐ Other:		Permit no:	
Category of construction		(7)	Date received;	
1 & 2 family dwelling	Commercial/industrial	Accessory building	By:	
1 Multifamily	Master byilder	Other.		Tarre Franks Dwelling
Job site information and lo	cation	Ho 10	Required Data: One and Permit fees* are based on the	e value of the work per-
Job addre	255: 6810 SW 26	th Ave	I formed Indicate the value (ro	junded to the nearest dollar)
City/State/ZIP: Torta	nd, OR 97219		of all equipment, materials, la for the work indicated on this	application.
Suite/bidg./apt. no.:	Project name: Soringcre	ek Landing Repairs	Valuation:	
Cross street/directions to job site) U	J 1	Number of bedrooms:	
		9	Number of bathrooms:	
Subdivision:	Lot no.	Tax map/parcel no.	Total number of floors:	
Description of work			New dwelling area:	teol eraupa
Replace entry	jandingo per ol	nn o	Garagol: vport area.	square feet
WEST INTER KUMPIN	minute by by	M. 36 M4	Covered porch area:	square fdet
	<u> </u>		Deck area:	square feat
			Other structure area:	square feet
			Regulred Data: Comme	
☐ Reference RS / Combination	rermit no.		Permit fees* are based on the formed. Indicate the value (r	ounded to the nearest dollar)
Property owner .	Tonant		of all equipment, materials, i for the work indicated on this	abor, overhead, and the profit
Name:			Valuation:	5,400,00
Address:			Existing building area:	square feet
City/State/ZIP:			New building area:	square feet
Phone:	FAX:		Number of stories:	
	is being made on property that I own. W	ich is not intended for sale, lease, rent,	Type of construction:	
or exchange.		Date:	Occupancy groups	
Owner signature:		Date.	Existing:	
X Contractor			New:	
Busineus name: 1. K.	ohnson Inc.	1 00 00010	Notice All contractors and subcont	ractors are required to be
Address: P.D.BOX	17196 Portlan	10, UK 91219.	I litrenged with the Oregon Co	nustruction Contractors Board 7
City/State/ZIP: Pov+lo	ind, OR 97217	•	 Hurisdiction in which work is 	e required to be licensed in the being performed. If the appli-
Phone: 6037403:	388 FAX: 503	3 2403424	cant is exempt from licensing	ng, the following reasons appl
CCB IIC. NO. 1021071	0 1		<u> </u>	
	en in ell with.	alma	Ptetomont of Engly I sould	that the facts and information set
Authorized signature.	T Mile Land	10/5/10	I forth in this application are to	ue and complete to the best of
Print name: ENRITE	VVIII. III. Contact	1.70	sentation or omission of fact	that any falsification, misrepre- (whether intentional or not) in this
X Applicant	Clause - a La O.		l application or any other regu	red document, as well as any solon, may be cause for revoca-
Business name: J. C.	fourizou de la		tion of permit and/or certifica	te of accupancy, regardless of
Contact name: Jennin	er Whitit iston.	<u> </u>	frow or when discovered.	
Address: P.O. Box	171910		Building Permit Fees'	, , , , , , , , , , , , , , , , , , ,
City/State/ZIP: Portio	ind ior 97217		Please refer to fee sched	***
Phone	FAX:		Fens due upon applicat	
E-mail: DANE (N)	JOHNSONING, CON	A	Date recei	
Jenne Jennes	Annes Miller Coll			
Authorized signature:			- Sub-contractor information	n can be faxed to 503-823-7693.
Print name:		Dale:	ل_	insp_terminite_building 09/19/1



Building Permit Application

City of Portland, Oregon - Bureau of Development Services

1900 SW 4th, Avenue, Portland, Oregon 97201 • 503-923-7310 • TTY 503-823-6868 • www.portland.oregon.gov/bds

	والأشار والمساور والمساور والمساور			
Type of work				
New construction		ldition/alteration	n/replacement	١,
☐ Demolition	<u>U</u> oi	her:		
Category of constri				
1 & 2 family dwelling	Commercial/ir	ndustriai	Accessory huilding	0
Multifamily	☐ Master builde	t	Other:	
Job site information			(A - A	
Job no.:	lob address: 6820	SW 26	th Ave.	
City/State/ZIP: You	Hand OR 9	7219		
Suite/bidg./apt. no.:	Project name: 2	SONKACK	eel Ants.	
Cross street/directions	to job site:	1 0		
		. :5-		
Subdivision:	Lot n		Tax mag/parcel no.	
			tax megipaloer no.	أسينس
Description of wo		has a	udius nov	-
Replace 1	Kepair en	INJ EN	many pro	
<u>piana</u>	<u> </u>		<u> </u>	
	···			
		,		
☐ Reference RS / Cor	nbination	Permit na		
Property owner		Tenant		
Name:				
Adaress:				
City/State/ZIP:				
Phone:		FAX:		
	nstallation is being made on prop	l	thich is not inlanded for sale, lea	se, rent,
or exchange.				- 1
Owner signature:			Dale:	أحص
Contractor	5 T.			
Business name:	R. Johnson	line		
Address: Y.D.	BOX 17196			
City/State/ZIP. DV	Hand OR G	1211		
Phone: 503 21	103388	FAX: 502	3240 3424	
CCB % no. 107	1076			
	0,4 1, 10	19671	- O.	
Anthorized signature:_	P/MILL	A KULA	Date Intelin	
	nter Whittin	Contac	1010110	
Applicant	<u> </u>	Contac		
Business name:			 	
Contact name:				
Address:			· · · · · · · · · · · · · · · · · · ·	
City/State/ZtP:				
Phone:		FAX:		
E-mail: JAM	(W) right NSO	rinc.c	MA	
1 1	a Juliusus	·VIV.	V-7	
Authorized signalure:_				
Print name:			Date:	

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

	Office Use Only
Ī	Permit no:
	Date received:
	By:
1	
	Required Data, One and Two Family-Dwelling
	Permit fees* are based on the value of the work per-
_1	formed, Indicate the value (rounded to the nearest dollar)

Required Date One and "An Family-Develing"

Permit feet" are based on the value of the work parformed. Indicate the value (rounded to the rearest dollar)
of all equipment, matorials, fatgor, overhead, and the profit
for the work Indicated on this epplication.

Valuation:

Number of bedrooms:

Number of bedrooms:

Total number of floors:

New dwcling area:

Garage/carport area:

General sequence feet

Govered porch area:

Quero feet

Deck area:

Sequence feet

Cither structure axea:

Sequence feet

Required Data: Gontmercial Use

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

Valuation: 3,900.00
Existing building area: square feet
New building area: square feet
Number of stories
Type of construction:
Occupancy groups
Existing

otice

New

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

Statement of Fact; I certify that the facts and Informa-on set forth in this application are true and complete to the best of my knowledge. I understand that any faisfication, misrepresentation or omission of fact (whether Intentions) 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 whose discovered.

Building Permit Fees"	
Please refer to fee schedule	
Fees due upon application	
Amount received	
Date received	

Sub-contractor information can be faxed to 503-823-7693.



Building Permit Application

City of Portland, Oregon - Bureau of Development Services
1900 SW 4th Avenue, Portland, Oregon 97201 • 503-923-7316 • TTY 503-923-6666 • www.portlandorogon.gov/bds

Type of work					
☐ New construction	nstruction CI Addition/alteration/replacement				
☐ Demolition	Other:				
Categor, of construction					
1 & 2 family dwelling	Commercial/industrial	Accessory building			
☐ Multifamily	Master builder	Other:			
Job site infolmation and					
Job dol Job add	tress: 6830 SM	126th Ave.			
City/State/ZIP: Port	and OR 972	-19			
Suite/bidg./apt. no.:	Project name: Spy	naturely Hots			
Cross street/directions to job s	ite:	U I			
Subdivision;	Lat no.	Tax map/parcel no.			
Description of work					
Leouir entre	landinas o	er plans.			
☐ Reference RS / Combination	Permit r	70.			
Property owner	U11	nant .			
Name:	,				
Address:					
City/State/ZIP:					
Phone:	FAX:				
Owner installation: This installation	n is heing made on properly that f	own, which is not intended for sale, lease, rest,			
or exchange. Owner signature:		Date:			
X Contractor					
Business name: TR	Johnson Inc.				
Address: PA BA	17191				
City/State/ZIP: Pov+1	44 00 07	7.0			
	288 FAX:				
Phone: 503 240 3	388 FAX:	503 240 3424			
CCB 110, no 102676	5 6 1 100	- 10			
Authorized signature:	Jennyes Whi	thington			
Print name: Jenni Fer		. Date: 10 5 10			
Applicant	Co	ntact Person			
Business name;					
Contact name:					
Address:					
City/State/ZIP:					
Phone:	FAX:				
E-mail: JOHNE-@	iciohnsoninc	.com			
JEIGHT	J U THE THE TOTAL TOTAL				
Authorized signature		Date:			
Print name:					

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

Office Use Only				
Permit no:	 		_	
Date received:	 			
By:	 	- 0		 _

Required Data: One and Two Family Dwelling

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

of the Archy managed ou ning obbi	Caliuli.	
Valuation:	<u> </u>	
Number of begrooms:		
lumber of bathrooms:		
fotal number of floors.		
New dwcling area:	square feat	
Garage/carport area:	aguare fee	
Covered porch area:	square feet	
Deck grea:	aquare feet	
Other structure area:	square feet	

Required Data Commercial Use

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

Valuation:	2,400.00
Existing building area:	pquare feet
New building area:	square fact
Number of stories:	
Type of construction:	
Or Jupancy groups	
Existing.	

Notice

New

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

Statement of Fact I certify that the facts and information set forth in thy application are true and complete to the best of my knowledge. Lunderstand that any fasification, misrepresentation or omission of fact (whother 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 certificats of occupancy, regardless of how or when discovered.

Building Permit Fees*	4	
Please refer to fee schedule		
Fees due upon application		
Amount received		
Date received		

Sub-contractor information (11 be faxed to E03-823-7693.



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

W 4th Avenue, Portland, Öregon	97301 • 503-823-7310 • TTY 503-823	3-6848 • www.portlandoregon.gov/bdz	
	1 1 2	This normit application exp	res if a permit is not for it has been accepted
☐ Addition/altera	lon/replacement	as complete.	
Other:		Office Use Only	, <u> </u>
		Permit no:	
☐ Commercial/industrial	Accessory building	By:	
Master builder	Other:		
cátion		Required Data: One and	Two Family Dwelling
ess: 10840 SW 2	6th Ave.	Hormed Indicate the value from	inded to the nearest dollar)
and . OP 977	19	of all equipment, materials, lat	oor, overhead, and the profit
Project name: Covina	anel Ants.		гурполцин.
The contract	nsan iris.	~~~	
ž			
Lot no.	Tax map/parcel no.		square fee
	No.		equare foo
landings per	pians.		eo) oraupa
<u> </u>	· · · · · · · · · · · · · · · · · · ·	Deck area:	square fee
		Cther structure area:	squarè (es
		Required Data, Commer	
Permit no.		Permit fees* are based on the	value of the work per-
	nt	of all equipment, materials, la	ibor, overnead, and the profit
		for the work indicated on this	application.
			2,400.00 square fer
			square fer
			adhia iac
is being made on properly that I ow	n, which is not intended for sale, lease,	rent, Type of construction:	
	Date:		
		New:	
bhuson Inc.		Notice	
1719		All contractors and subcontra	actors are required to be
11 d 00 0001	1	Lunder ORS 701 and may be	required to be licensed in the
ICO DK - 12-1	2 210 31/21	Liurisdiction in which work is t	being performed. If the appli-
700 IFAX: D	10.440.0464	Solit to exempt north tochain	, , , , , , , , , , , , , , , , , , , ,
\$ 1 . 60 -1	<u>_</u> _		
renules White	ungton	Statement of Fact: I certify	that the facts and information so
roton Held (1) to	7. Orie: 10/5/10		hal any faisification, misrepre-
Con	act Person	contation or omission of fact (whether intentional or not) in thi
		I I misterding statement or omis	sion, may be cause for revoca-
		tion of permit and/or certificate	of occupancy, regardless of
······································			
		Pleaso refer to fee schedu	io
		Fees due upon application	"'I
FAX		Fees due upon applicate Amount receive	
	Com		ed
jrjohnsonuic	CSYM	Amount receive Data receive	ed
	Addition/alteral Other: Commercial/industrial Master builder Coltron Sess: Lo84D SW 2 And OR 977 Project name: Spyrina Coltron FAX: Is being made on property the 11 ow Toney	Addition/alteration/replacement Other: Other: Accessory building Accessory building Other: Other:	□ Addition/alterallon/replacement □ Other: □ Commercial/industrial □ Accessory building □ Master builder □ Other: cotton ass: IOSHO SW 216th Ave AND OR 97719 Project name: Spying creek Apts Lot no. Tax map/parcel no. I Lot no. Tax map/parcel no. Permit no. Permit no. I Tonant FAX: Is being made on properly the I lown, which is not intended for sale, leaks, rent, located on properly the I lown, which is not intended for sale, leaks, rent, located on properly the I lown, which is not intended for sale, leaks, rent, located on properly the I lown, which is not intended for sale, leaks, rent, located on properly the I lown, which is not intended for sale, leaks, rent, located on properly the I lown, which is not intended for sale, leaks, rent, located on properly the I lown, which is not intended for sale, leaks, rent, located on properly the I lown, which is not intended for sale, leaks, rent, located on properly the I lown, which is not intended for sale, leaks, rent, located on properly the I lown, which is not intended for sale, leaks, rent, located on the contraction of the located on the located on the contraction of the located on the contraction of the located on the contraction of the located on the located o





Building Permit Application
City of Portland, Oregon - Bureau of Development Services
1900 SW 4th Avenue, Portland, Oregon 97201 • 563-823-7310 • TTY 503-823-8868 • www.portlandoregon.gov/bds

Type of work .	4 /		This p	ermit application and within 180 day	expires if a permit is not /s siter it has been accepted
New construction	☐ Addition/alterat	ion/replacement	as co	mplete.	
∆ Demolition	C Other:		_	Use Only	
Category of construction	70		Permit r		
1 & 2 family dwelling	Commercial/industrial	Accessory building	By:	ceiveu.	
1 Multifamily	Maxer builder	Citien			
Job site information and	Jocation		Requ	ired Data. One a	ind Two Family Dwelling
Job no.: Job a	ddress: 6850 SW 2	16th Ave.	formed of all e	f. Indicate the value guloment, material	n the value of the work per- e (rounded to the nearest dollar) s, labor, overhead, and the profit
City/State/ZIP:	rtland, DR 912	<u>-11 </u>	for the	work indicated on	this application.
Suite/bidg./apt. no.:	Project name: Som n.G.	creek Apris.		Valuation:	
Cross street/directions to Job	site:	J 1		er of bedrooms:	
		·	Numbe	r of bathrooms:	
Subdivision:	Lot no.	Tax map/parcel no.	Total n	umber of floors:	
Description of work				v dwelling area	square feet
	tru landinas o	per composo clans	Gara	ge/carport area:	square feat
rpinit or	ard mornings of		Cove	ered porch area:	square fact
				Deck area	square feet
				r structure area:	square feet
				fired Data: Com	
☐ Reference RS / Combin	ation Permit no.		forme	d. Indicate the valu	on the value of the work per- le (rounded to the nearest dollar)
Property dwner	Tenar	at .	of all	equipment, materia	ils, labor, overhead, and the profit
Name:			for the	e work Indicated on Valuation:	5,400.00
Address:			Evictor	ng building area:	square feet
City/State/ZIP:			1	esta gulding area:	square feet
Phone:	FAX:			umber of stories:	
Company This install	ation is being thade on properly that I ow	n, which is not intended for sole, lease, re	int, Type	of construction:	
or exchange.	and the designment of property and		Occup	залсу дгоирз	
Owner signature:		Date:		Existing:	
Contractor	7	·		New:	
Business name: (), [Z. Johnson Inc.		Noti		Landard and the board
Address: P.D. 130	x 17196		licen	sed with the Orego	contractors are required to be n Construction Contractors Board
City/State/ZIP: Dor	HAND OR 972	17	Hunde	r ORS 701 and ma	y be required to be licensed in the k is being performed. If the appli-
1.01	3388 FAX: 6	03 240 3424	cant	is exempt from lice	nsing, the following reasons apply.
CCB IIc. no. 102/c	7700				
000 110. 110.	1. DETE	=()			
Authorized signature:	Jennyk Will	Vaker	State	ement of Fact: I ca	ertify that the facts and information set true and complete to the best of
Print name: Jenny		() ate: 10 5 10	limvk	nawledge. I underst	and that any falsification, misrepre-
Applicant	Cont	act Person	sent	elion or omission of I	fact (whether intentional or not) in this provided document, as well as any
Business name;			miste	no languatata palbas	omission, may be cause for revoca-
Contact name:			how	of permit and/or cert or when discovered.	ificale of occupancy, regardless of
Address:				lding Permit Foo	
City/State/ZIP:	<u></u>		Plea	se refer to fee sc	
Phone:	FAX:			Fees due upon app	
E-mail: JUNNE	Piriohnsoning.c	ΔM		Amount n	
- Johnson	- Hoursoning	<u> </u>	_ _		eceived
Authorized signature:		Date:	Sul	p-contractor inform	nation can be faxed to 503-823-7693.
Print name:		Date:			



7650 SW Beveland St Suite 100 Tigard, Oregon 97223

Phone: (503) 443-3900 Fax: (503) 443-3700

STRUCTURAL CALCULATIONS

FOR

SPRINGCREEK APARTMENTS DECK AND HANDRAIL UPGRADES TMR #10282

September 22, 2010

, 1984 (1984	
	PAGE
CALCULATIONS	1-8



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Dhana (S)	U37 443 30UU			

Wood Beams (Uniform Load)

w dead 7 #/ft w live 135 #/ft 142 #/ft w 8 ft

span

width 1.5 in

depth 9.25 in Ε 1600000 psi

Вx 21,39063 in^3 Area 13.875 in^2

lx 98,93164

Moment 1162,979 ft-lb Shear 581,4896 lb

fb fv

R≕

1/240 0.4 in deflection live

deflection total

Camber

0.266667 in 1/360

deflection dead 0.006039

10697 (Use Closest R = 800, 1000, 1200, 1400, 1600,

1830, 2000, 2400, 2500, 3000, 3500)

Deck Jossis

total weight (including SW)

145.3724 #/ft

Glulam Cv ≈ 1.278136

End Reaction Total

End Reaction Live

581,4896

End Reaction Dead

41.48958 540

United States of the States of

Wood Beams (Uniform Load)

w dead 32 #/ft w live 400 #/ft w 432 #/ft 8.5 ft

span

width 3.5 in depth 9.25 in E 1600000 psi

Sx 49.91146 in^3 Area 32.375 in^2

230.8405

Moment 3972.566 ft-lb Shear 1869,443 lb

fb fv

1/240 0.425 in

deflection total

deflection live in 1/360 0.283333 in

deflection dead 0.012678

Camber R≃ (Use Closest R = 800, 1000, 1200, 1400, 1600, 1800, 2000, 2400, 2500, 3000, 3500)

Deck Header

total weight (including SW)

439.8689 #/ft

Glulam Cv = 1,167203

End Reaction Total

1869,443

End Reaction Dead

169,4429

End Reaction Live

1700

DL = THEADS = (150 PCE)(2/0/2) (310/2) = 55 T/4 CHAMEL = 11.5 TH L= (100 PSFX 31-8/2)= 185 T/4 A TAN= (55%+11.5%+10rm)(1光)= 138万井 いが中的い BACKSAIN (1) 1/ p unus In shi 2000 = (1)(324)(1.15)= 758# (1365= 2116 (285#/suren read

(1) h" O THRUBOUT = 597 WENTER = 607 = 305
TH 3h" MIN (SEE EXCEL

-> (1) h" O THRUBOUT
TH 4K HENDER

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1MR TMRIPPEY CONSULTING ENGINEERS		BY (1/5 DATE 9/17/10
		CHK DY DATE
7650 S.W. Beveland St, Suite 100 Tigard, Oregon 97223	Annual Control of the	103 NO_ 10 262
Phone (503) 443-3900	The second secon	SHEET OF

| Lateral Design Values | Solve for: | Coefficie | Fyb | 45000 | 0.1388

0.5

3150

87000 0.035205897

Coefficients					
k2	k3				
0.510249	7.753887				
	(2				

Single Shear	Yield	Equatio	ns

Z	7				
1m	18	2	3m	35	14
1102.5	4350	671.2662	655.7047	749.7017	596,8603
				,	

Double Shear Yield Equations

Z				·	
1m	18	2	3m	38	4
1102.5	8700			1499.402	1193.721

0.5 SEE APPENDIX L FOR LAG SCREW ACTUAL DIAMETER

3.5
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1.25
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3.5
theta
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Rd (Im and is)

Fem

Fes

5 SEE NDS PAGE 72 FOR Rd

Rd (II) 4.1 Rd (IIIm, IIIs, IV) Rt HERDELL POST

- Partie 1870# + 1305# = 3255# 6HEADER 657AA2 = 2660 PSE

FL= (150P9F)(1.15)(1.15)(1.117)= 387 P9E > 7266 30K

TO FOST = (8874)(1)= 17744 @ 21/2" => 3"OK

6_ or

CONNECT HENDER 10 POST

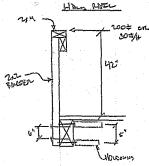
=) Px4 = 1870# =) (2) 74 0 0005 1180000 7'20

POST FOOTSHY

ANDRE 7055 # - 2.17 FF = 1.47 FF # - 1.47 FF # - 1.47 FF # 6:44 LAY

	 <u> </u>
1MR TMRIPPEY CONSULTING ENGINEERS	BY GLS DATE 4/16/10
	CHK BY DATE
7650 S.W. Beveland St, Suite 100	10202 10262

Tigard, Oregon 97223 Phone (503) 443-3900



4' STHERE WITH BETWEEN GREATERS

- 5/2 -ON SPACELLY

کدا دیل دیل ۱۳۱۱ + ۱۲ عا کمی المیت دیات

=) 50 \$ (2) BOVESTERS

of 25 #/ smarter

Fo= (10085=X1.6)(1.5)(1.15)= Z484 PSE 71867 - - 06

SULGUS TO HEMON = 175

7= 1001 3/6 = 175#

#10 senews = (1354/-)(1.57=703+7175+ 20/-

HOLDOURS @ 41-0" work => M= (600#)(42" = 6400 mile

=> TE BYOOK \$:= 1680#

5-100 DTTZZ' = 1800 + 74 H.F. PT.

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1MR TMRIPPEY CONSULTING ENGINEERS		64 DATE 1/20/10
		CHK BY DATE
7650 S.W. Beveland St, Suite 100 Tigard, Oregon 97223		108 40 10282
Phone (503) 443-3900	A-1	SHEET

NEW PATE POST OVER (6) 1057 /HEADER

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HENDE	60	A HXH DOWN
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(E) 444 -	Tero levity	STRAP
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1MR TMRIPPEY CONSULTING ENGINEERS		BY GO DATE TROPIO
	and and the same of the same o	CHK BY DATE
7650 S.W. Beveland St, Suite 100 Tigard, Oregon 97223		10240 1025
Phone (503) 443-3300		sett Dar B