111 SW COLUMBIA BLVD./6TH FLR. FA04-048080

FA.04.048080

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OCT 11 2004

MICROFILMED

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# CITY OF PORTLAND
## FACILITIES PERMIT PLANNING TASK

### APPLICANT INFORMATION

Applicant: AIR RITE CONTROL, INC.
Address: 1623 S.E. 6TH AVE
Phone: 503-238-0388

*Plans & Permits will be available for pick up on the 5th floor at 1900 SW 4th. Please indicate who should be contacted:*

Name: BERRY BENY
Phone # 503-238-0388

### Contractor Information:

| | NAME: | CCB #: |
|---|---|---|
| Building: | | |
| Plumbing: | | |
| Electrical: | | |
| Mechanical: | AIR RITE CONTROL | 63302 |

### Project Description:

Facility: COLUMBIA SQUARE (33)

Installation Address: 111 S.W. COLUMBIA
Project Name: CITY OF PORTLAND 6TH FL.
Job Description: INSTALL THREE EXHAUST FANS & RELOCATE ONE V.A.V. BOX.
Bldg Valuation: _____ Project Ref. # CSX-4595

### Building Permit #: _____

| | | | |
|---|---|---|---|
| Occup.y Group: | ____ | Const. Type: | ____ |
| No. Of Stories | ____ | Flood Plain | ____ |
| Erosion Control | ____ | Alarms Reqd | ____ |
| Sprinklers | ____ | Smoke Det | ____ |

Special Inspection: _____

Bin # F01
Building Registration Permit # 00-182391

S 503-823-0653 Kathy Davis / 44
503-823-0641 ~~Lee Hartfield~~
503-823-0642 ~~Mikal Shabazz~~
F 503-823-3778 Gary Boyles >
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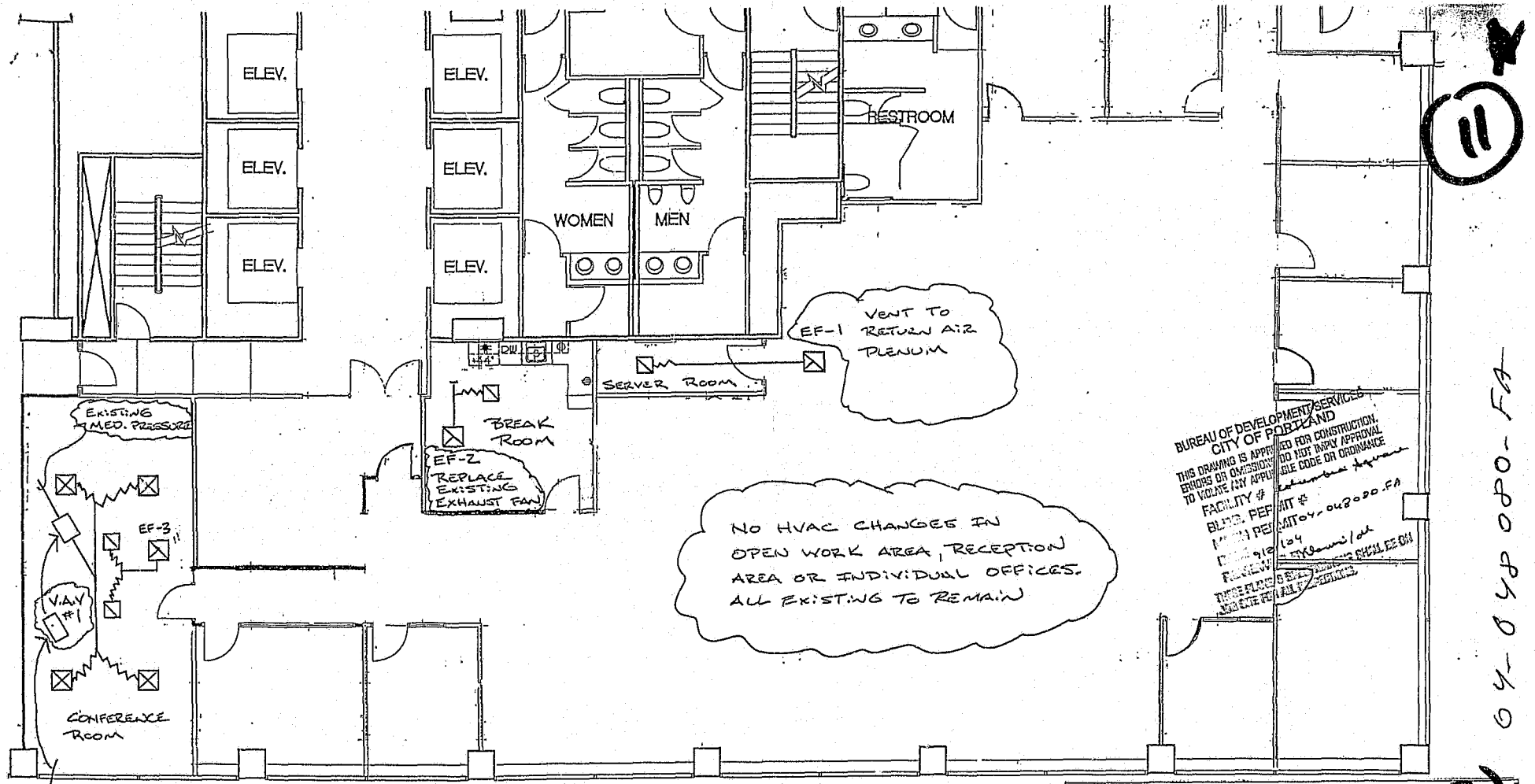
### PERMIT INFORMATION:

Mechanical Permit #: 04-048080-FA
A: Valuation: $4,790.00 Job Description: INSTALL THREE EXHAUST FANS AND RELOCATE ONE V.A.V. BOX.

Plumbing Permit #: _____
Number of Fixtures: _____
Back Flow Devices: _____
Water Service (# of Feet): _____
Other: _____

Electrical Permit #: _____
A: Feeders:
200 amps or less ____ 201 to 400 amps ____
401 to 600 amps ____ 601 to 1000 amps ____
Over 1,000 amps or volts _____
B: Branch Circuit:
New, Alteration or Extension per Panel
Each branch circuit purchased
With a feeder: _____
First branch circuit without
Purchase of a feeder: _____
Each additional branch circuit _____
C: Miscellaneous:
Each pump or irrigation circle _____
Each sign or outline lighting _____
Limited energy panel alteration _____
Or extension; or signal circuits.
D: Plan Review:
____ Feeders 400 amps or more
____ System over 600 volts
____ Occupant Load over 99 Persons
____ Building over 3 stories
____ Health Care Facility
____ Building over 10,000 sq. ft.




RELOCATE EXISTING V.A.V. BOX CONNECT TO EXISTING SUPPLY GRILLS. CEILING IS A PLENUM RETURN THROUGH LIGHT FIXTURES. INSTALL EXHAUST FAN FOR ADDED VENTILATION

EQUIPMENT

EF-1,2,3 - IN-LINE CEILING HUNG ALDES EXHAUST FAN, MODEL 1LF8, 444 CFM @ .125" SP 115 VOLT, SPEED CONTROL.

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PROJECT COLUMBIA SQUARE
111 S.W. COLUMBIA
PORTLAND, OR 97201

AIR RITE CONTROL
1623 S.E. 6th Avenue / Portland, Oregon 972
(503) 238-0388 Fax (503) 234-6749

JOB # –
DATE – SEPT. 8, 2004

TITLE CITY PORTLAND OFFICE OF NEIGHBORHOOD INVOLVEMENT 6TH FLOOR - SUITE 670

DWG.# M-1

SCALE – NO SCALE
BY – BLS

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04-040000-FA