



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.portland.gov/bds

Required Fields Highlighted

Type of work (REQUIRED)

New construction Addition Alteration
Demolition Other:

Category of construction (REQUIRED)

Residential: 1 & 2 Family Dwellings **Commercial:** Apartments/Condos **Commercial:**
Residential: Other **Commercial:** Business/Industrial Other

Job site information and location

Job Address:

City/State/ZIP:

Suite/bldg./apt. no.:

Project name:

Tax map/parcel no. **R#**

Provide Land Use or associated Permit Number (if applicable)

Description of work (REQUIRED)

Property owner or Tenant (REQUIRED)

Name: Phone:

Address:

City/State/ZIP:

Email:

Owner installation: This installation is being made on property that I own.

Owner signature:

Date:

Contractor

Business name: Phone:

Address:

City/State/ZIP:

Email:

CCB lic. no.

Authorized signature:

Print name:

Date:

Applicant or Contact Person (REQUIRED)

Business name:

Contact name:

Address:

City/State/ZIP:

Phone:

E-mail:

Authorized signature:

Print name:

Date:

Office Use Only

OFFICE
USE ONLY

Required Data: One and Two Family Dwelling

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

Valuation (REQUIRED):

Number of bedrooms:

Number of bathrooms:

Total number of floors:

New dwelling area: square feet

Garage/carport area: square feet

Covered porch area: square feet

Deck area: square feet

Other structure area: square feet

Required Data: Commercial Use

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

Valuation (REQUIRED):

Existing building area: square feet

New building area: square feet

Number of stories:

Type of construction:

Occupancy groups

Existing:

New:

Notice

Work related to this Building Permit may be subject to regulations governing the removal, handling, and/or disposal of asbestos and/or lead-based paint. For asbestos concerns, contact DEQ at 1-888-997-7888 For lead-base paint concerns, contact Oregon Health Authority at 971-673-0440.

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.

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

Disclaimer: By signing this application, the permit applicant acknowledges and agrees that they have obtained any required permission for the proposed work from the property owner. Refer to the policy of this jurisdiction if it discovers that a dispute regarding the proposed work exists between the applicant and the property owner or any other party with a legal interest in the property.



CITY OF
PORTLAND, OREGON
BUREAU OF DEVELOPMENT SERVICES
1900 SW 4th Ave, Suite 5000
Portland, OR 97201



SITE DEVELOPMENT PERMIT

22-175888-000-00-SD

Site Address: 8920 N TIME OIL RD

Issued:

KELLEY POINT RIVERGATE TRANSMISSION LINE RECONFIG

PROJECT INFORMATION		Occ. Group	Const. Type
Existing Commercial Site	Grading		

Project Description: SINGLE PDF SOIL COMPACTION AND MITIGATION PLANTING ASSOCIATED WITH UTILITY POLE RECONFIGURATION

APPLICANT	PGE *KATELYN MICHELSON*	Phone:	(503) 464-8052
PROPERTY OWNER	PORTLAND GENERAL ELECTRIC CO	Phone:	
CONTRACTOR	POTELCO INC	Phone:	

Project Details		Project Details	
100-Year Floodplain?	Yes	GIS Update Flag 2	04/10/19
Ground Disturbance Area (Sq. Ft.)	500	Ground Disturbance?	Yes
Inches of Individual Trees Removed	0	Slope steeper than 20% or 5:1 on lot?	Yes

This permit expires if, at any time, 180 days pass without an approved inspection. If you are not able to obtain an inspection approval within 180 days, you may request a one-time only extension of 180 days by calling 503-823-6892.

BEFORE YOU DIG	ATTENTION: Oregon law requires you to follow rules adopted by the Oregon Utility Notification Center. Those rules are set forth in OAR 952-001-0010 through OAR 952-001-0090. You may obtain copies of the rules by calling the center. (Note: the telephone number for the Oregon Utility Notification Center is 1-800-332-2344).
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CITY CONTACT	Phone:
E-Mail:	Fax: (503) 823-4172

INSPECTION REQUEST PHONE NUMBERS	Building/Trade Inspections - Call Before 6:00 AM: (503) 823-7000
TDD: (503) 823-6868	
IVR Inspection Request Number:	4839787



City of Portland, Oregon
Bureau of Development Services
Site Development
FROM CONCEPT TO CONSTRUCTION

Dan Ryan, Commissioner
Rebecca Esau, Director
Phone: (503) 823-6892
Fax: (503) 823-5433
TTY: (503) 823-6868
www.portland.gov/bds

SITE DEVELOPMENT PERMIT
INSPECTION RECORD

24-HOUR
INSPECTION REQUEST SERVICE

Buildings (503) 823-7000 TDD (503) 823-6868 Fire Marshal (503) 823-3700

THIS RECORD SHALL BE MAINTAINED IN A CONSPICUOUS PLACE ON THE JOB UNTIL COMPLETION.

PLEASE CALL FOR ALL INSPECTIONS.

APPROVED PLANS REQUIRED ON JOB SITE AT ALL TIMES.

NO WORK OF ANY KIND, ON ANY PART OF ANY BUILDING OR STRUCTURE REQUIRING INSPECTION SHALL BE COVERED OR CONCEALED IN ANY MANNER WHATSOEVER, WITHOUT FIRST OBTAINING APPROVAL.

Address:	8920 N TIME OIL RD	RNumber:	R971350480
IVR Number:	4839787	Permit Number:	22-175888-000-00-SD
General Contractor:		Contact Phone:	
Excavation Contractor:		Contact Phone:	

IVR CODE	INSPECTION/COMMENTS	DATE	INSP
200 - Pre-Construction EC			
210 - Permanent EC Measures			
999 - Permit Final			

This permit shall become null and void without prior notification by the Bureau of Development Services, if such work authorized by this permit is not commenced within 180 days from the date of issuance, or if said work is suspended or abandoned for a period of 180 days from the start of such work.

BES Source Control Plan Check Corrections Response

Permit #: 22-175888-000-00-SD

Date: 9/9/22

Customer name and phone number: Katelyn Michelson, 503-464-5082

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

Checksheet item number	Description of changes, revisions, additions, etc.	Location on plans
1	Submitted Signed Dewatering Form to Grace Henrich, also	n/a
	submitted with corrections package	
1	Added Dewatering Note to plan sheet	ESCP-3
2	Added contaminated soils note to plan sheet	ESCP-3

Plan Bin Location: SINGLE

PDF