Building Permit Application City of Portland, Oregon - Bureau of Development Services 1900 SW 4th Avenue, Portland, Oregon 97201 • 503-823-7310 • TTY 503-823-6868 • www.portlandoregon.gov/bds

13-203822PS

| Type of work | | | | This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete. | |
|--|-------------------------------------|--|---|---|--|
| New construction | | | | | |
| Demolition Other: | | | Office Use Only | Office Use Only | |
| Category of construction | | | Permit no: | | |
| 1 & 2 family dwelling | Commercial/industrial | Accessory building | Date received: | Date received: | |
| C Multifamily | Amaster builder | Other: | E AF | | |
| Job site information and lo | ocation | | Required Data: 0 | One and Two Family Dwelling | |
| Job no.: Job addre | ess: 2260 NE 28th Avenue | | | ed on the value of the work per- value (rounded to the nearest dollar) | |
| City/State/ZIP: Portland, | Oregon 97212 | a An an | of all equipment, ma | terials, labor, overhead, and the profit d on this application. | |
| Suite/bldg./apt. no.: Project name: | | | Valuation: | \$30,000 | |
| Cross street/directions to job site: NE 28th Ave. & NE Thompson Street | | | Number of bedrooms: | 1 | |
| | * | | Number of bathrooms: | 1 | |
| Subdivision: ID: 1N1E25C | B 11900 Lot no. 4 TL 119 | 00 Tax map/parcel no. 2833 OL | D Total number of floors: | 1 | |
| Description of work | | | New dwelling area: | 0 square fee | |
| Remodel of master | suite on 2nd floor | Garage/carport area: | 0 square fee | | |
| | | | Covered porch area: | 0 square fee | |
| | | | Deck area: | 0 square fee | |
| | | ······ | Other structure area: | 0 square fee | |
| | | | Required Data: C | | |
| Provide RS Permit no. | | | | ed on the value of the work per- value (rounded to the nearest dollar) | |
| Property owner | Tenant | | | terials, labor, overhead, and the profit d on this application. | |
| Name: John Schroeder & Kirsten Snowden E-mail: kirstensnowden@msn.com | | | Valuation: | u on une approation. | |
| Address: 2260 NE 28th Avenue | | | Existing building area: | square fee | |
| City/State/ZIP: Portland, Oregon, 97212 | | | New building area: | square fee | |
| Phone: 503-493-1111 FAX: | | | Number of stories: | | |
| Owner installation: This installation is | s being made on property that I own | which is not intended for sale, lease, rent, | Type of construction: | | |
| or exchange. Owner signature: | | Date: 8/27/201 | 3 Occupancy groups | gegen ein de pelanten andere als de Marik Statististististististististististististist | |
| Contractor | none | Date. Orzhizon | Existing: | а. 1 9 маля нарадновала прорадо нарадно нарадно прора | |
| Business name: McCulloch Co | onstruction E-mail: | | New: | | |
| Address: 1729 NE Siskiyou Street | | | All contractors and s | ubcontractors are required to be | |
| City/State/ZIP: Portland, Orec | | | licensed with the Or | egon Construction Contractors Board | |
| | | | | may be required to be licensed in the work is being performed. | |
| Phone: 503-709-0035 | FAX: 503- | (97-0586 | | I certify that the facts and information | |
| CCB lic. no. 197276 | | | best of my knowledge | 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 | |
| Authorized signature: | () | VA man | not) in this application | or any other required document, as well | |
| Print name: John McCulloch | | Date: 8/27/2013 | revocation of permit a | tement or omission, may be cause for nd/or certificate of occupancy, regardless | |
| Applicant | | Person | of how or when discov | | |
| Business name: McCulloch C | onstruction | | | ork related to this Building Permit bject to regulations governing the | |
| Contact name: Tien Huynh | | | handling, removal and based paint. KMS | l/or disposal of asbestos and/or lead- | |
| Address: 1729 NE Siskiyou | Street | • | | | |
| City/State/ZIP: Portland, Ore | egon 97212 | | Building Permit F Please refer to fee | and a support of the particular and a support of the support of the support of the support of the support of th | |
| Phone: 503-830-8024 | FAX: | | Fees due upon a | and the second | |
| E-mail: tienhuynh28247@ya | | | Amour | it received | |
| with with with with with with with with | | | Dat | e received | |
| Authorized signature: | | | | permit subcontractor submittals | |
| Print name: Date: | | | only can be faxed to BDSSublabels@port | 503-823-7693 or e-mailed to andoregon.gov. | |