



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

13-223018 RS

Use of work

☒ New construction ☒ Addition/alteration/replacement
☐ Demolition ☐ Other:

Category of construction

☒ 1 & 2 family dwelling ☐ Commercial/industrial ☐ Accessory building
☐ Multifamily ☐ Master builder ☐ Other:

Job site information and location

Job no.: Job address: 7037 SW 33rd PLACE
 City/State/ZIP: PORTLAND, OR 97219
 Suite/bldg./apt. no.: Project name: HATT PROJECT
 Cross street/directions to job site: SW 33rd PLACE and NEVADA CT.
 Subdivision: MULTNOMAH VILLAGE Lot no. 10, 11 Tax map/parcel no. R303393

Description of work

Addition of 1.1 Bathrooms and 1 bedroom; enlarge 2 bedrooms; relocate bathroom and kitchen; replace deck; add vestibule; replace spiral stairs with regular stairs

Provide RS Permit no.

☒ Property owner ☐ Tenant

Name: B.W. & S.M. HATT E-mail: bwhatt@gmail.com
 Address: 7037 SW 33rd PLACE
 City/State/ZIP: PORTLAND, OR 97219
 Phone: 503-977-1511 FAX:

Owner installation: This installation is being made on property that I own, which is not intended for sale, lease, rent, or exchange.
 Owner signature: B.W. Hatt Date: 10-25-13

☐ Contractor

Business name: Eaton Construction E-mail: Eatonconstruction@junior.com
 Address: 2430 Tulane St
 City/State/ZIP: West Linn OR 97068
 Phone: 503 351-9447 FAX:
 CCB lic. no. 156003
 Authorized signature: Craig Eaton
 Print name: Craig Eaton Date: 10/28/13

☒ Applicant ☐ Contact Person

Business name: CREIGHTON ARCHITECTURE
 Contact name: GREGG CREIGHTON
 Address: 252 "A" AVE #300
 City/State/ZIP: LAKE OSWEGO, OR 97034
 Phone: 503-635-0797 FAX: N/A
 E-mail: greggcreighton@comcast.net
 Authorized signature: Gregg B. Creighton
 Print name: GREGG B. CREIGHTON Date: 10/25/13

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:

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:	160K
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:	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups	
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 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. (initials)

Building Permit Fees*

Please refer to fee schedule

Fees due upon application	
Amount received	
Date received	

Residential Combo permit subcontractor submittals only can be faxed to 503-823-7693 or e-mailed to BDSSublabels@portlandoregon.gov.



City of Portland, Oregon - Bureau of Development Services

1900 SW Fourth Avenue • Portland, Oregon 97201 • 503-823-7300 • www.portlandonline.com/bds



Simple Site Erosion Control Requirements Form

Project or Permit Number 13-223018-000-00-RS
Project Address 7037 SW 33rd St
Name of Responsible Party (print) GREGG CREIGHTON
Day Phone 503-635-0797 FAX N/A email greggcreighton@comcast.net

Erosion control inspections are required and it is your responsibility to request these inspections.

Erosion control measures are required on this site. Because of the size and slope, a drawn plan is not required. Erosion Control Measures and inspections are required prior to beginning foundation excavation. This form may only be used for simple sites:

1. Flat (less than 10% slope before development)
2. More than 50 feet from a wetland or waterbody
3. Outside an environmental or greenway zone
4. Less than 10,000 sq. ft. of ground disturbance
5. Not a land division of 10,000 sq. ft. or more

This is an agreement that the applicant and/or responsible parties will use erosion control during this project as required. The applicant and/or responsible party must sign this form to comply with Section 10.40.020 of the Code. Details for the measures outlined below are located in the City of Portland Erosion Control Manual, available at either the Development Services Center or on our Web site at www.portlandonline.com/bds

Minimum Erosion Control Requirements	Additional Requirements
1. Temporary sediment control (silt fences, bio-filter bags or fiber rolls, storm drain inlet protection).	Prevent the transport of sediment from the site (Manual Sections 2-2 and 4-2) Call for #200 inspection. These items must be provided even with undisturbed vegetative buffers as allowed by manual.
2. Stabilize access points by installing a gravel construction entrance. Do not use rock or dirt ramps in the gutter, use a wood ramp if needed to get over curb.	Limit construction vehicle access, whenever possible, to one route. Stabilize access points. Provide street cleaning by sweeping or shoveling any sediment that may have been tracked out. Place sediment in a suitable disposal area where it will not erode again. (Manual Sections 2-2 and 4-1)
3. Stabilize all soils, including stockpiles that are temporarily exposed. Use one or more of the temporary soil stabilization Best Management Practices (BMP's): temporary grasses, mulch applications, erosion blankets, plastic sheeting, plus dust control measures.	Soil Stabilization (Manual Sections 2-2 and 4-4)
4. Maintain erosion controls identified in requirements 1 through 3 above according to specifications prescribed in manual.	Inspect and maintain required erosion and sediment controls to ensure continued performance of their intended function. (Manual Chapters 4 and 5)
5. Comply with the necessary development activity controls, including controls for fuel spill control, waste removal, concrete waste management or painting preparation.	During construction, prevent the introduction of pollutants in addition to sediment into stormwater. (Manual Section 5)
6. Use one or more of the following to permanently stabilize soils before final building inspection: Permanent vegetative cover, mulch applications or application of sod.	After construction but before project completion, permanently stabilize all exposed soils that have been disturbed during construction. (Manual Sections 4-4)
7. Prevent sediment from entering all storm drains, including ditches, which receive runoff from the disturbed area	Remove temporary drain inlet protection measures after final site clean-up. Call for #210 inspection.
8. Post signage on-site that identifies the City's Erosion Control complaint number	The sign will be provided upon approval of the pre-construction inspection. It must be maintained on-site until the final inspection.

**You must request a preconstruction erosion control inspection prior to construction.
Call 503-823-7000 and request a #200 inspection using your IVR number.**

I agree to meet each requirement and use appropriate erosion control measures as outlined above to prevent erosion and sedimentation from leaving the site of project/permit number referenced. I understand that all inspections are still required, and that failure to install or maintain adequate measures may result in a re-inspection fees or additional fines. A permanent erosion control inspection #210 will be required prior to a final building inspection.

Signature of Responsible Party
Property Owner or Owner's Agent

Date 12/3/13



CITY OF PORTLAND, OREGON - BUREAU OF DEVELOPMENT SERVICES

1900 SW Fourth Avenue • Portland, Oregon 97201 • 503-823-7300 • www.portlandoregon.gov/bds



Residential Fixtures Worksheet for Additions or Remodeling

Please list the mechanical, electrical, and plumbing work that are part of your project. Include only items that are affected by the work proposed. Do not include fixtures or items that are existing and will remain unchanged during the work.

Mechanical Fixtures	New	Altered
Heating and Cooling Indicate quantity for each line item below:		
Air conditioner (site plan required)		
Furnace (includes ductwork/vent/liner)		
Alter existing HVAC system (ductwork)	1	
Air handling unit		
Boiler (radiator or hydronic heat)		
Unit heaters (fuel type, not electric):		
Heat pump (site plan required)		
Venting/Exhaust systems:		
Range hood/other kitchen equipment	1	
Clothes dryer exhaust	1	
Single duct exhaust fans (bathrooms, toilet compartments, utility rooms)	3	
Attic/Crawlspace fans		
Chimney/liner/flue/vent		
Vent for appliance other than furnace		
Other (please list)		
Gas Piping:		
Number of gas outlets (i.e. furnace, water heater, range, BBQ, fireplaces, dryer, etc.):	1	
Miscellaneous:		
Decorative gas fireplace/insert		
Woodstove/Pellet stove		
Other (please list)		
Other:		

Plumbing Fixtures	New	Altered
Bathrooms: Indicate quantity for each line item below:		
Toilet	3	
Lavatory	3	
Shower / Tub (count each valve)	2	
Bidet		
Kitchen:		
Sink	1	
Dishwasher	1	
Garbage Disposal	1	
Icemaker	1	
Interior (general):		
Water Heater/Boiler		
Hydronic heating system		
Laundry hookup	1	
Utility/Bar Sink		
Sump Pump/Backflow device		
Interior piping replacement (number of floors)		
Exterior:		
Hose Bib		
Rain drain: enter # of feet	80	Ft.
Sanitary sewer: enter # of feet	20	Ft.
Storm sewer: enter # of feet		Ft.
Water line: enter # of feet		Ft.
Other (please list):		

Electrical Fixtures	Quantity	
Option 1: by Area of Remodel/Addition: List sq. ft. of structure to be wired: (note: the cost of itemizing per Option 2 may be less: a 200 amp panel and 10 circuits is approximately equal to a 1,000 sf package)	1300 Sq. Ft.	<p>IF selecting OPTION 2: For a rough total of circuits needed to handle lighting and outlets, divide the number of square feet of floor area being added or remodeled by 500.</p> <p>In addition, one dedicated circuit is typically needed for each of the following:</p> <ul style="list-style-type: none"> 1 Range/oven/cooktop (each) 1 Dishwasher 1 Disposal 1 2 small appliance circuits 1 Washer 1 Dryer 0 Water heater 0 Vacuum system 0 Furnace 0 Air Conditioning 3 Bathroom 0 Jetted Tub 0 Room Heaters (dependent on wattage) 0 Garage
Option 2: by Itemizing work proposed: Service/Feeder altered or added: Amp capacity: 200 Number of circuits added/altered:	_____ panels 10 circuits	
Limited Energy wiring (phone, cable TV, security system, thermostat, doorbell, vacuum system, etc.)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Other: Temporary Electrical Service Pump or Irrigation Circuit	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Other (please list):		

Life Safety Checksheet Response

Permit #: 13-223018-000-00-RS

Date: 12/10/13

Customer name and phone number: CREighton ALCO 635-0797

Note: In the spaces below, please provide specific information concerning the changes that you have made in response to the checklist. Note the checklist 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 checklist, write “**Applicant**” in the column labeled “Checksheet item number.”*

[illegible]

Plan Bin Location: 18RS

Creighton Architecture
252 "A" Ave. Suite 300
Lake Oswego, Or. 97034
Ph. (503) 635-0797
Fax: (503) 635-1041

Dec. 10, 2013

TO: City of Portland
Beareau of Development Services

Plan Review Checksheet Response

RE:
7037 SW 33rd Place Portland
Permit: 13-223018-000-00-RS
IVR: 3383375

Christopher Pagnotta,

This letter is in response to your SECOND checksheet dated 12/04/13. The responses below correspond to your item numbers on your checksheet.

~~1) Additional Measures~~

Architect's Response: Done

~~2) Rim joists at front porch..~~

Architect's Response: Done

~~3) Foundation attachment.~~

Architect's Response: Jeff Dove of Dove Engineering has edited the L1 page. See attached. Sheet L1 has been revised and replaced.

~~4) Beam LB-01 connection.~~

Architect's Response: Done.

~~5) Radon Mitigation.~~

Architect's Response: Done.

~~6) Additional Beam calculations.~~

Architect's Response: A revised beam calculations for MB-04a is submitted with this letter. Sheet 4 has been revised and submitted. (4x10 header)

~~7) Floor Joists at new floor area.~~

Architect's Response: Done

~~8) Floor Joist attachment:~~

Architect's Response: Done

~~9) Footing at Existing Lower Floor Plan:~~

Architect's Response: Done

~~10) Full support for Roof Beam.~~

Architect's Response: There was some confusion as to where you were indicating. The point load at the SW corner of the Dining area (near the stairway and new opening) falls very close to the

jamb of the new opening. I have revised that area and supplied 3 beam calculations to provide adequate support for all imposed loads. (RB-02, RB-03 and MB-06)

~~11) Infill Wall~~

~~Architect's Response: Done~~

~~12) Beams MB-01 and MB-02~~

~~Architect's Response: Both of these beams are existing. We opened up the corner and found a metal hanger there, but could not determine the make/model.~~

12/10/13 Response: The hanger will be removed and replaced with a new one for the triple member.

~~13) Master bedroom beam / wall section.~~

~~Architect's Response: Done~~

~~14) 1-hour Eave protection.~~

~~Architect's Response: Thank you for the detail. I did not know that City had a new interp for that condition. The roof plan has been revised and the City Detail page is now part of that drawing.~~

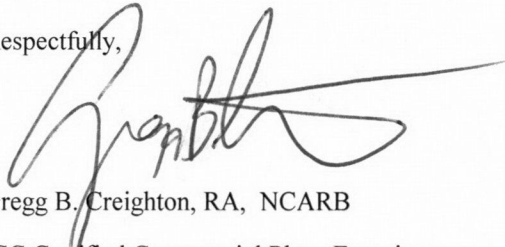
~~15) Wet Use Calculations.~~

~~Architect's Response: Done~~

~~16) Lateral Calculations.~~

~~Architect's Response: Jeff Dove of Dove Engineering will be providing a response for this item. See attached. Sheet L1 has been revised and replaced. The Revised calculations have been printed DARKER and submitted.~~

Respectfully,



Gregg B. Creighton, RA, NCARB

ICC Certified Commercial Plans Examiner

NO
PARTIALLY
DONE

SIMPLIFIED APPROACH

Date: 10/25/13

Permit Number: _____

If total impervious area for submitted development proposal is less than 10,000 square feet, the Simplified Approach form may be used for sizing stormwater facilities.

If total impervious area for submitted development proposal is equal to or greater than 10,000 square feet or includes public or private street improvements, the Presumptive or Performance Approach must be used and a Stormwater Management Report will be required. For more information, refer to the 2008 Stormwater Management Manual (SWMM) Sections 2.2.2 and 2.2.3, respectively.

1 Site Address: 7037 SW 33rd PL

2 State Property ID (R number): _____

3 Brief Description of Proposed Development Addition to S. side of
exist residence, new dock, kitchen relocation4 Total Amount of Proposed Impervious Area: 474 sq ft @ SOUTH SIDE ADDITION
NO FACILITIES REQ'D. MTG W/DAN BERGE 10/22/13

Site Evaluation

Please refer to Stormwater Management Manual (SWMM) References and Resources section for site evaluation maps (including soil drainage class, slopes and groundwater).

S1 NRCS Soil Drainage Class: _____

S2 Is the slope anywhere on the project area greater than 20%? ☐ yes ☒ noS3 Are there known seeps, springs, or a high groundwater table in the project area? ☐ yes ☒ no

If answered yes to questions S2 or S3, then a flow-through or partial infiltration facility is required with overflow to an approved discharge point.
If no, see S4.

S4 Required Infiltration Testing: Applicant may conduct a simple open pit test or any of the infiltration testing methods prescribed for the Presumptive Approach. (See Appendix F.2 for specifications.)

Please Note: Each individual tax lot is required to manage the stormwater it generates on the same lot to the maximum extent feasible. If the proposal is unable to meet this requirement, the applicant must submit a Special Circumstances request.

Form 1 - SIMPLIFIED APPROACH

Simplified Approach Infiltration Testing Instructions (Open Pit Test):

- 1 A simple open pit infiltration test should be conducted where the facility is proposed, or within the direct vicinity.
- 2 Excavate a test hole to the depth of the bottom of the proposed facility (up to 4 feet). The test hole can be excavated with small excavation equipment or by hand using a shovel, auger, or post-hole digger.
- 3 If you encounter a layer that is hard enough to prevent further excavation, or if you come across noticeable moisture/water in the soil, stop and measure this depth from the surface and record S5 below. Proceed with the test at this depth.
- 4 Fill the hole with water to a height of about 12 inches from the bottom of the hole (or to one half the maximum depth of the proposed facility), and record the exact time. Check the water level at regular intervals (every 1 minute for fast-draining soils to every 10 minutes for slower-draining soils) for a minimum of one hour or until all of the water has infiltrated. Record the distance the water has dropped from the top edge of the hole.
- 5 Repeat this process two more times, for a total of three rounds of testing. These tests should be performed as close together as possible to accurately portray the soil's ability to infiltrate at different levels of saturation. The third test should provide the best measure of the saturated infiltration rate.

For each test pit required, submit all three testing results.

S5 Infiltration Test Results: *For each test include date, time, initial and final water height, duration of test, and infiltration rate in inches per hour.*

Depth of Evacuation: _____

Test 1: _____

Test 2 : _____

Test 3 : _____

Date: _____

Date: _____

Date: _____

Time: _____

Time: _____

Time: _____

Initial water depth: _____

Initial water depth: _____

Initial water depth: _____

Final water depth: _____

Final water depth: _____

Final water depth: _____

Duration of test: _____

Duration of test: _____

Duration of test: _____

Infiltration rate: _____

Infiltration rate: _____

* Infiltration rate: _____

* The pit infiltration rate is the result of the third test.

$$\text{Pit Infiltration Rate} = \frac{\text{Initial Water Depth} - \text{Final Water Depth (inches)}}{\text{Duration of test (hours)}}$$

If the pit infiltration rate is greater than or equal to 2 inches per hour then onsite infiltration is required. Applicants may choose either a surface infiltration facility with overflow to a drywell or soakage trench or a surface infiltration facility with an overflow to an approved discharge point. If the tested infiltration rate is below 2 inches per hour, then a flow-through or partial infiltration facility is required with overflow to an approved discharge point.

Projects that infiltrate roof runoff with private soakage trenches or drywells are not required to provide pollution reduction prior to infiltration. This exemption does not apply to projects that discharge stormwater offsite. Single-family residential (up to three units) roofs and footing drains are excluded from UIC registration. Refer to Section 1.4 for specific pollution reduction requirements for UICs.

Form 1 - SIMPLIFIED APPROACH

Facility Sizing Worksheet

(The worksheet is on reverse side)

All facilities sized with this form are presumed to comply with the City's pollution and flow control requirements. Infiltration and discharge requirements are site specific and approved with the use of this form.

Instructions

- 1 Enter square footage (sf) of total impervious area being developed into BOX 1.
- 2 Enter square footage (sf) for impervious area reduction techniques.
- 3 Enter sum of the impervious area reduction techniques into BOX 2.
- 4 Subtract BOX 2 from BOX 1 to find BOX 3, the amount of impervious area that requires stormwater management.
- 5 Select appropriate stormwater management facilities based on infiltration rate (page 2).
- 6 Enter the square footage of impervious area managed that will flow into each facility type.
- 7 Check whether the planter, swale, basins, and filter strips are flow-through facilities.
- 8 Multiply each impervious area managed by the corresponding sizing factor. Enter this area as the facility surface area, which is the required size to manage the runoff.
- 9 Where selecting facilities that will overflow, select the final discharge location.
- 10 Enter the sum of the total of all the impervious area managed into BOX 4. Box 4 must be \geq Box 3.

Form 1 - SIMPLIFIED APPROACH

FACILITY SIZING WORKSHEET

Total impervious area being developed or redeveloped: 4744 BOX 1

1 Impervious Area Reduction

Ecoroof sf
 Pervious asphalt or concrete sf
 Permeable pavers sf

Total Impervious Area Reduction: BOX 2

Total impervious area requiring stormwater management: BOX 3

2 Surface Facilities

Impervious Area Managed	Sizing Factor	Facility Surface Area
Planter sf x 0.06 = sf		
Swale sf x 0.09 = sf		
Basin sf x 0.09 = sf		
Vegetated Filter Strip for walks and driveways sf x 0.20 = sf		

Overflow will be directed to (check all that apply):

- ☐ Subsurface facility ☐ Surface water
☐ Stormwater sewer ☐ Combined Sewer

3 Subsurface Facilities

The following subsurface facilities can receive overflow from the facilities listed above or can be used independently to manage stormwater from residential roofs. If stormwater is generated from anything other than residential roofs, the facilities are subject to the UIC (Underground Injection Control) requirements.

(See Section 2.3.3 for sizing information) Facility Size

Drywell sf Diameter Depth
Soakage Trench sf Length Width

Sum of
Total Impervious Area Managed

..... BOX 4
 (BOX 4 should be greater than or equal to BOX 3)

4 Escape Route

In the event the stormwater facility temporarily fails or rainfall exceeds the facility design capacity, describe where flows will drain to in order to maintain public safety and avoid property damage. Depending on site conditions, this may include storage in an overflow structure, parking lot, street, or landscaped area. _____

Life Safety Checksheet Response

Date: 12/3/13

Note: In the spaces below, please provide specific information concerning the changes that you have made in response to the checklist. Note the checklist 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 checklist, write “**Applicant**” in the column labeled “Checksheet item number.”*

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