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CITY OF PORTLAND, OREGON - BUREAU OF DEVELOPMENT SERVICES

1900 SW Fourth Avenue, Suite 5000 • Portland, Oregon 97201 • www.portlandonline.com/bds • Fax 503-823-7425



Facility Permit Plan Intake Form

FOR INTAKE, STAFF USE ONLY		Building/Mechanical <u>SCOTT</u>	3
Date Received _____		Electrical _____	
Building Registration # _____		Plumbing _____	
Fixed Bld _____		Fire <u>JEFF</u>	3 4
Bin # <u>B-2</u>		Planning <u>Emily</u>	2
Building Permit # <u>13-180872-DBS-1FA</u>		PDOT _____	
Mechanical # _____		Structural <u>Eric</u>	1
Plumbing Permit # _____		Other _____	
Electrical Permit # _____			

APPLICANT: Complete all sections below that apply to the project. Please print legibly.

Print Name Blake Hankins, Entre-Prises USA Sign Name (JASON STOLLENWERK) *MANAGING DIRECTOR ENTRE-PRISES USA*
Street Address 63085 18th Street, Suite 101
City Bend State OR Zip Code 97701
Day Phone (800) 580-5463 FAX _____ email bhankins@epusa.com

Plans / permits available for pick up at 1900 SW 4th Avenue, 2nd floor between 8:00 am to 5:00 pm

Contact Name for plan/permit pick up Blake Hankins, Entre-Prises USA
Day Phone (800) 580-5463 email bhankins@epusa.com

Project Building Name / # Multnomah Athletic Club
Project Address or Location 1849 SW Salmon Street, Portland, OR 97205
Project Name and Description 2013 Rock Climbing Wall Expansion

Total Project Value \$203,976 Project Reference #/Billing ID # 13AF003 - 13-180872-FA
Building Contractor Entre-Prises USA CCB # 146087
Mechanical Contractor TBD CCB # _____
Electrical Contractor TBD CCB# _____ License # _____
Plumbing Contractor TBD CCB# _____ License # _____

☐ **Building Permit**
No. of Stories 8
Const. Type 1A
☒ [N] Alarms Required
☒ [N] Smoke Det. Req'd
☒ [N] Sprinklers Req'd
☒ [N] Struct. Eng / Calcs Submitted

☐ **Mechanical Permit**
Mechanical Valuation _____
Description _____

☐ **Electrical Permit**
Please provide a completed standard electrical permit application form. You may mail or deliver it to 1900 SW 4th Avenue, Portland, Oregon 97201 or FAX to 503-823-7425.

☐ **Plumbing Permit**
Number of Fixtures _____
Back Flow Devices _____
Water Service (# of Feet) JAN 02 2014
Medical Gas _____
Other 13-180872-DBS-1FA
Permit Number 1

B-2

13-180872-DBS-1FA