



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.portlandoregon.gov/bds

Type of work				Office Use Only			
☐ New construction	☐ Addition/alteration	/replacement		Permit no:			
Demolition	Other:			Date received:			
Category of construction				Ву:			
☐ 1 & 2 family dwelling	☐ Commercial/industrial	☐ Accessory b	ouilding				
☐ Multifamily	☐ Master builder	Other:		Required Data: O	ne and Two Family D	welling	
Job site information and lo	cation				ed on the value of the wor		
Job no.: Job addre	ess: 2141 NW 25th Ave			formed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.			
City/State/ZIP: Portland,	OR 97210			Valuation:	d on this application.		
Suite/bldg./apt. no.:	Project name: ESCO Plant	1 demolitio	n-Phase 1	Number of bedrooms:			
Cross street/directions to job site: NW 25th and Wilson			Number of bathrooms:				
				Total number of floors:			
Subdivision:	Lot no.TL 100	Tax!map/	R316317	New dwelling area:		square feet	
Dogovintion of			K310317	Garage/carport area:		square feet	
Description of we	ork g 4 to slab. No soil distur	hance this n	hase	Covered porch area:		square feet	
	olished as part of Sequer			Deck area:	*	square feet	
	onsiled as part of sequer	πο στ 18t	phase.	Other structure area:		square feet	
				Required Data: C	ommercial Use		
					ed on the value of the wor		
Provide RS Permit no.					value (rounded to the nea terials, labor, overhead, ar		
X Property owner	Tenant			111	106,316		
Name: ESCO Corp		is.Quarles@	escocorp.com	Existing building area:	28,820	square feet	
Address: 2141 NW 25th	Ave			New building area:	0	square feet	
City/State/ZIP: Portland, O	R 97210			Number of stories:	1-2		
Phone: 503.778.6493	FAX: 503.	778.6360		Type of construction:	wood, steel & co	oncrete	
	s being made on property that I own, wh	ich is not intended fo	or sale, lease, rent,	Occupancy groups			
or exchange. Owner signature:		D	ate:	Existing:			
X Contractor			atc.	New:			
Business name:NWDD	E-mail: chof	fart@nwden	nolition.com	Notice All contractors and s	ubcontractors are required	d to be	
Address: P.O. Box 2308		- III TO III TO COL		All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board			
City/State/ZIP: Tigard, OR				jurisdiction in which	may be required to be lice work is being performed.	erisea in the	
		(20.1500		Statement of Fact:	I certify that the facts and in		
Phone: 503.638.6900	FAX: 503.	520.1708			ation are true and complete I understand that any falsi		
CCB lic. no. 48263					omission of fact (whether into or any other required docu		
Authorized signature:				as any misleading sta	tement or omission, may be	cause for	
Print name: Chad Hoffart		Date: 9/25/1	17	revocation of permit a of how or when discovered	nd/or certificate of occupand vered.	cy, regardless	
X Applicant	Contact F				ork related to this Building P		
	t Demolition and Disma				bject to regulations governi d/or disposal of asbestos an		
Contact name: Chad Ho	offart			based paint. If the wor	rk is subject to regulations g	overning	
Address: P.O. Box 230				regulations.	based paint, I will comply w (initials)	iui aii such	
City/State/ZIP: Tigard, OR 97284				Building Permit F			
Phone: 503.638.3900 FAX: 503.620.1708				Please refer to fee		V	
	nwdemolition.com			Fees due upon a	application nt received		
					e received		
Authorized signature:	fort my				tion expires if a permit is	not obtained	
Chad Hof	iait	Date: 9/25/	17		ur it has been accepted a		

Jasin Buffer-Brown Site Development Checksheet Response

Permit #: <u>17-248950-DMO-01-CO</u> Date: 11/20/17

Customer name and phone number: Chad Hoffart, NW Demolition; O(503)638-6900;

C(503)209-0924, email: choffart@nwdemolition.com

Note:

Please number each change in the '#' column. Use as many lines as necessary to describe your changes. Indicate which reviewer's checksheet you are responding to and the item your change addresses. If the item is not in response to a checksheet, write **customer** in the last column.

	addresses. If the item is not in response to a checksheet, write customer	Checksheet
#	Description of changes, revisions, additions, etc.	and Item #
1	Erosion and Sediment Control Plan	1
	Site Development reviewed the permit submittal with Jeremy Russel, Senior Site Development Inspector, with BDS Commercial Inspections. To simplify the installation and inspection of the erosion and sediment control measures, please revise the permit drawings (e.g. Figure 2) to show the BMPs to be installed at each catch basin. For example, use different symbols to represent IP1, IP2, and IP3.	See Figures 2, 3, and 4
	Please include a legend on the same sheet that defines IP1, IP2, and IP3 and reference the corresponding detail drawings.	
	Figures 2, 3, and 4 must be stamped by the engineer.	
	Applicant Response. Figure 2 has been revised to include a table of minimum stormwater inlet BMPs that will be in-place during each Demolition Sequence that corresponds to Table 1 of the Stormwater Management Plan / Erosion Control Plan.	
	Additional BMPs may be added depending on site conditions observed during demolition and the professional engineer's judgment. BMPs may also be modified as needed to meet the Discharge Authorization requirements as issued by the Bureau of Environmental Services (BES). Because of the large site area, different BMPs may be installed at various locations and times depending on whether demolition activities will be occurring within respective inlet tributary areas during a particular demolition sequence. Therefore, a reference table is included on Figure 2 showing inlet BMPs by demolition sequence instead of adding multiple icons/symbols at each inlet location. Using a table simplifies the figure and will assist site personnel to streamline implementation of the SWMP/ECP BMPs during onsite activities.	
	Figures 2, 3, and 4 have been revised to include the professional engineer's stamp.	

(For office use only)



BES Source Control Plan Check Corrections Response

Permit #: 17-248950-DMO-01-CO Date: NOVEMBER 3, 2017

Customer name and phone number: Chad Hoffart; O(503)638-6900; C(503)209-0924

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."

	Ned "Checksheet Item number."	
Checksheet item number	Description of changes, revisions, additions, etc.	Location on plans
1	1). Please describe where and how sampling stormwater will occur.a. Please add this information to the dewatering plan.b. The sampling location(s) must appear on the plan sheets.	Section 6 and Figure 2
	Applicant Response: Section 6 – Batch Discharge Request – Stormwater Monitoring has been added to Attachment A - Batch Discharge Request Phase 1 Structural Demolition – Supplemental Information. This section describes the frequencies (referenced to Table 1) and locations where stormwater samples will be collected (also denoted on Figure 2).	
	 How do you plan to manage stormwater accumulation in the quench and x-ray pits once the buildings have been removed? a. Please add this information to the dewatering plan. 	Section 6
	Applicant Response: Section 6.4 has been added to Attachment A - Batch Discharge Request Phase 1 Structural Demolition – Supplemental Information.	
	 Please be aware that once dewatering authorization has been granted, additional information (conditions) may need to be added to the plan prior to permit approval. 	N/A
•	Applicant Response: Acknowledged. No additional response required by applicant.	
2	1). If demolition of in-ground structures and foundations are being addressed in a future phase of this project, please note that Figures 4 & 5 are "For Reference Only".	Figure 7
	Applicant Response: Figure 4 has been revised as suggested (and renumbered to Figure 7). Figure 5 is relevant to checksheet item 1.2) (regarding post-demolition in-ground structure stormwater management) and is left in as originally submitted and is not marked "For Reference Only".	
3	 Plans must indicate how contaminated soil drag-out from trucks will be prevented during demolition activities excavations or how contaminated soils will be prevented from blowing out if offsite transportation for disposal is required. Please revise plan sets showing how these requirements will be met. 	Figure 3 and 4
	Applicant Response: Designated existing facility entrances (paved) will be maintained for the duration of Phase 1 demolition. Measures including street sweeping and vacuuming will be completed to insure that all paved ingress/egress areas are kept clean. Provisions are included to use a manual tire wash area in the	

"Reclamation Yard" if drag-out is observed on truck wheels that cannot be managed using the sweeping and vacuuming BMPs. Figure 3 for the location of the wheel wash area and the Standar Details/Notes on Figure 4.	
2). Stockpiles of soil must: a. Have a barrier on all four sides b. Be covered to protect materials from stormwater contact c. Have an impervious layer underneath the stockpile (if a stockpile detail is shown, the impervious layer must be represented on the detail) This information must be on the plans even if no stockpiling is anticipated Applicant Response: A Standard Detail and Notes for stockpiles I been included on Figure 4.	Figure 4

Plan Bin Location: 50 CO



Abigail Cermak BE

PORTLAND, OREGON

BUREAU OF ENVIRONMENTAL SERVICES 1900 SW 4TH AVE, SUITE 2100 Portland, OR 97201



BES SOURCE CONTROL PLAN EXAMINATION CHECK SHEET

Tigard, OR 97284

Application #

17-248950-DMO-01-CO

Review Date: October 27, 2017

APPLICANT

IVR#

4097568

To:

Chad Hoffart
Northwest Demolition and

Dismantling
PO Box 230819

Home E-Mail

Work

503 638-6900

ome 503 -

choffart@nwdemolition.com

From:

CC:

City of Portland

ABIGAIL CERMAK
BES POLLUTION PREVENTION
PLAN REVIEW

Phone Fax 503 823-7577 503 823-4591

ESCO CORP

CORPORATE TAX DEPT 2141 NW 25TH AVE

PORTLAND, OR 97210-2578

Work

(503) 778-6384

PROJECT INFORMATION

OWNER

Street Address:

2141 NW 25TH AVE

Description of Work

Demo Building 4 TO SLAB- NO SOIL DISTURBANCE THIS PHASE

The following are items that will need to be addressed prior to plan approval by the Bureau of Environmental Services. Approval of your plan for sanitary and storm management facilities by BES does not mean your building permit can be immediately issued: BES is only one of many bureaus that review your building plan.

	nmediately issued; BES is only one of many bureaus that review your building plan.					
Item #	Location on plans	Clarifications / Corrections Required				
1.	Figure 2	 Dewatering (SCM Section 1.5) Your dewatering application is currently being processed for authorization. Some additional information is needed to complete the dewatering application and the plan review. Please provide the following: 1) Please describe where and how sampling stormwater will occur. a. Please add this information to the dewatering plan. b. The sampling location(s) must appear on the plan sheets. 2) How do you plan to manage stormwater accumulation in the quench and x-ray pits once the buildings have been removed? a. Please add this information to the dewatering plan. 3) Please be aware that once dewatering authorization has been granted, additional information (conditions) may need to be added to the plan prior to permit approval. 				
		Please revise plans.				

BES PLAN EXAMINATION CHECKSHEET

Application # 17-248950-DMO-01-CO
Review Date October 27, 2017

62		
2.	Figures 4 & 5	In-Ground Structures & Soil Disturbance (SCM Section 1.5, SCM Section 1.12) If demolition of in-ground structures and foundations are being addressed in a future phase of this project, please note that Figures 4 & 5 are "For Reference Only".
3.	ESCP	Soil Management on a Known Contaminated Site (SCM Section 1.12, Erosion and Sediment Control Manual) BES Pollution Prevention requires erosion control measures for contaminated sites. This information must be represented on the plan sheets. The information can be shown on the Erosion and Sediment Control Plan sheet or on a separate plan sheet. 1) Plans must indicate how contaminated soil drag-out from trucks will be prevented during demolition activities excavations or how contaminated soils will be prevented from blowing out if offsite transportation for disposal is required. Please revise plan sets showing how these requirements will be met.
		2) Stockpiles of soil must: a. Have a barrier on all four sides b. Be covered to protect materials from stormwater contact c. Have an impervious layer underneath the stockpile (if a stockpile detail is shown, the impervious layer must be represented on the detail) This information must be on the plans even if no stockpiling is anticipated Please also refer to the Site Development checksheet provided by Jason Butler-Brown regarding the other requirements for an Erosion and Sediment Control Plan

To respond to this checksheet, come to the Bureau of Development Services located at 1900 SW Fourth Ave. The Development Service Center (1st floor) and Permitting Services (2nd floor) are open Monday through Friday from 8:00 a.m. to 3:00 p.m. (close at noon on Thursday). Please update all sets of submitted drawings by either replacing the original sheets with new sheets, or editing the originally submitted sheets. You can review "How to Update Your Plans in Response to a Checksheet" at http://www.portlandoregon.gov/bds/article/93028 Visit the BDS website for more helpful information and a current listing of services available in the Development Services Center.

Please complete the attached Checksheet Response Form and include it with your re-submittal.

If you have specific questions concerning this Checksheet, please call the Source Control phone number listed above. To check the status of your project, please call 503 823-7000 and select option 4. Your Plan Review Status will be faxed to you, so please be ready to provide a fax number. If you don't have a fax number you may dial 503 823-7357 to request a Plan Review Status or visit Document Services.

You may receive separate Checksheets from other City agencies that will require separate responses.

You have the right to request a modification to the decisions presented in this checksheet via an administrative review as outlined in sections 17.32.150, 17.34.115, 17.36.110, 17.38.060 and 17.39.120 of City Code and in the respective Administrative Rules. To request an administrative review regarding this matter, you must respond in writing within 20 business days of the mailing date of this notice. There is no fee charged for an administrative review, and all penalties and late fees will be stayed pending the outcome of the review process. To request a review you must include the Administrative Review Request Form documenting the reasons for your appeal located at http://www.portlandoregon.gov/bes/68285. Please mail your appeal to the plan reviewer as shown on this checksheet.

Jason Butler Brown Scan Site 64

SITE DEVELOPMENT CHECKSHEET

Application #:

17-248950-DMO-01-CO et al.

Review Date:

October 20, 2017

To:

APPLICANT Chad Hoffart
Northwest Demolition and
Dismantling
DO Box 230840

Home 503 -

PO Box 230819 Tigard, OR 97284 one 505 -

email

Work

choffart@nwdemolition.com

From:

BDS SITE
DEVELOPMENT JASON BUTLER-BROWN, PE, GE
ENGINEER

Phone 503-823-4936

Fax 503-823-5433

e-mail

Jason.Butler-Brown@portlandoregon.gov

Cc:

OWNER ESCO CORP
CORPORATE TAX DEPT 2141
NW 25TH AVE

PORTLAND, OR 97210-2578

Work

(503) 778-6384

503 638-6900

PROJECT INFORMATION

Street Address:

2141 NW 25TH AVE

Description of Work:

DEMO (MULTIPLE BUILDINGS) TO SLAB- NO SOIL DISTURBANCE THIS PHASE

PLAN REVIEW

Based on the plans and specifications submitted, the following items appear to be missing or not in conformance with the Oregon Structural Specialty Code, Oregon One and Two Family Dwelling Specialty Code and/or other city, state, or federal requirements.

Item #	Location on plans	Code Section	Clarification / Correction Required				
			Erosion and Sediment Control Plan The description of work noted above above no sail disturbance for this				
		The description of work noted above shows no soil disturbance for this phase. However the narrative states that incidental soil disturbance may occur. Therefore, the description of work will need to be revised.					
1		PCC 10.30.030 PCC 10.40.020 Erosion and Sediment Control Plan	In addition, the permit drawings must include an erosion and sediment control plan stamped by a Professional Engineer or Certified Professional in Erosion and Sediment Control (CPESC) licensed in the State of Oregon. The plan must show the areas of ground disturbance and the proposed perimeter erosion and sediment control measures, inlet protection measures, and construction site access measures. The plan must include typical detail drawings for the various measures and construction notes. The construction notes must include a note specifying how construction vehicles will access the site without tracking sediment off site if a gravel construction entrance(s) will not be installed during this phase.				

SITE DEVELOPMENT CHECKSHEET

Application #
Review Date:

17-248950-DMO-01-CO October 20, 2017

		. 7	
			In addition, the plan must identify the temporary measures to be installed to cover exposed soils.
			Erosion and Sediment Control Plan – Area of Disturbance
2		Erosion and Sediment Control	Please revise the permit drawings identify the area of ground disturbing activities to be approved under Phase 1 (these permits).
		Plan	An Oregon DEQ 1200-C permit will be required if the area of ground disturbance exceeds one (1) acre, unless otherwise documented in writing from OR DEQ.
			Demolition Ground Surface Configuration
3	Figure 3	PCC 24.10.070	It is difficult to discern the differences between the similarly shaded areas; e.g. asphalt, concrete, and soil areas inside existing buildings as well as asphalt/concrete and outdoor soil areas.
- 15			Please revise the permit drawings to use different hatching patterns or greater contrasting grey shading to define the different areas.
			In-Ground Structures
			Please revise Figures 4 and 5 to show the sheets as "For Reference Only" as they do not depict work included in these permits.
4	Figure 4 Figure 5	PCC 24.10.070	In addition, please revise Figure 4 to relocate the note that is superimposed over Section A-A'.
			Finally, please verify the permit drawings show construction fencing or similar measures to be installed at the perimeter of the site to prevent the public (non-construction personnel) from entering the site.

INSTRUCTIONS

To respond to this checksheet, come to the Bureau of Development Services located at 1900 SW Fourth Ave. The Development Service Center (1st floor) and Permitting Services (2nd floor) are open Monday through Friday from 8:00 a.m. to 3:00 p.m. (close at noon on Thursday). Please update all sets of submitted drawings by either replacing the original sheets with new sheets, or editing the originally submitted sheets. You can review "How to Update Your Plans in Response to a Checksheet" at http://www.portlandoregon.gov/bds/article/93028 Visit the BDS website for more helpful information and a current listing of services available in the Development Services Center.

Please complete the attached Checksheet Response Form and include it with your re-submittal.

If you have specific questions concerning this Checksheet, please call me at the phone number listed above. To check the status of your project, go to http://www.portlandonline.com/bds/index.cfm?c=34194. Or, you may request the status to be faxed to you by calling 503-823-7000 and selecting option 4.

You may receive separate Checksheets from other City agencies that will require separate responses.

NEW RECHECK FEE: Please note that for plans submitted on or after July 1, 2010 plan review fees for Life Safety, Structural, Site Development and Planning and Zoning will cover the initial review and up to two checksheets and the reviews of the applicant's responses to those checksheets. All additional checksheets and reviews of applicant responses will be charged \$175.00 per checksheet.

Appeals: Pursuant to City Code Chapters 24.10, 25.07, 26.03, 27.02, and 28.03, you may appeal any code provision cited in this Checksheet to the BDS Administrative Board of Appeal within 180 calendar days of the review date. For information on the appeals process and costs, including forms, appeal fee, payment methods and fee waivers, go to www.portlandoregon.gov/bds/appeals, call (503) 823-7300 or come in to the Development

SITE DEVELOPMENT CHECKSHEET

Application #

17-248950-DMO-01-CO

Review Date:

October 20, 2017

Services Center. Permit application expiration will not be extended pending resolution of any administrative appeal.

Site Development Checksheet Response

Permit #: <u>17-248950-DMO-01-CO</u> Date: November 3, 2017

Customer name and phone number: Chad Hoffart; O(503)638-6900; C(503)209-0924

Note:

Please number each change in the '#' column. Use as many lines as necessary to describe your changes. Indicate which reviewer's checksheet you are responding to and the item your change addresses. If the item is not in response to a checksheet, write **customer** in the last column.

#	Description of changes, revisions, additions, etc.	Checksheet and Item #
1	Erosion and Sediment Control Plan	1
	The description of work noted above shows no soil disturbance for this phase. However the narrative states that incidental soil disturbance may occur. Therefore, the description of work will need to be revised.	
	In addition, the permit drawings must include an erosion and sediment control plan stamped by a Professional Engineer or Certified Professional in Erosion and Sediment Control (CPESC) licensed in the State of Oregon. The plan must show the areas of ground disturbance and the proposed perimeter erosion and sediment control measures, inlet protection measures, and construction site access measures. The plan must include typical detail drawings for the various measures and construction notes. The construction notes must include a note specifying how construction vehicles will access the site without tracking sediment off site if a gravel construction entrance(s) will not be installed during this phase.	
	Applicant Response: As discussed under Item #2, below, "incidental" soil disturbances are expected to be minimal and will be immediately addressed through pre-defined stormwater and erosion control BMPs that will either involve placement of temporary sheeting or placement of filter fabric and armored rock cover to control the soil disturbance. See Table 1 and Figure 4 of the SWMP/ECP for additional information.	
	The cover sheet of the revised permit drawings have been stamped by an Oregon Professional Civil/Environmental Engineer.	
	Figure 3 of the SWMP/ECP depicts the areas of ground disturbance that will occur during Phase 1 demolition activities. Stormwater and erosion control BMPs have been defined on Table 1 and Figure 4. Areas of the existing facility with exposed soil such as abandoned railroad spurs are covered with armor rock/ballast and will not be disturbed during Phase 1 demolition activities; and are therefore not subject to ECP requirements.	
	Proposed perimeter erosion control measures and inlet protection measures, will consist of silt fences, waddles, inlet filtration media,	

	and other BMPs. These control measures will be installed during the individual demolition sequences shown in Figure 1 and defined in Table 1. Typical standard drawings for various erosion control BMPs are shown on Figure 4.	
	Construction site access measures are defined in BMPs "GP1", "GP2", and "GP3" on Table 1 of the SWMP/ECP and in Attachment A to the Batch Discharge Authorization Request. In addition, if necessary, based on observations made by ESCO's PE/CPESC during Phase 1 demolition activities, these BMPs are not sufficient to control vehicle track-out of potentially impacted soil or demolition debris, a manual wheel wash area will be installed in the "Reclamation Yard" as shown on Figure 3 and depicted by the typical standard detail shown on Figure 4.	
	Typical drawings for various SWMP/ECP BMPs are shown on Figure 4.	
2	Erosion and Sediment Control Plan – Area of Disturbance	2
	Please revise the permit drawings identify the area of ground disturbing activities to be approved under Phase 1 (these permits).	
	Applicant Response: Figure 3 has been revised to denote several existing soil areas at the facility that will be exposed during demolition and several existing exposed areas that will not be disturbed during Phase 1. The existing exposed areas are either armored with ballast rock (along abandoned railroad spurs, or are located inside an area that has no runoff) and are not considered to be erodible areas subject to the Stormwater Management Plan/Erosion Control Plan (SWMP/ECP).	
	An Oregon DEQ 1200-C permit will be required if the area of ground disturbance exceeds one (1) acre, unless otherwise documented in writing from OR DEQ.	
	Applicant Response: The total area of exposed soil denoted on Figure 3 subject to the SWMP/ECP is approximately 0.275 acres. Small areas of incidental soil disturbance may occur during demolition activities, however, these areas will be covered as specified by BMP "GP4" on Table 1 and in Note #1 on Figure 3. No more than 0.25 acres of newly exposed/disturbed soil is expected to be generated during Phase 1 demolition activities. Any newly exposed/disturbed area will be managed in accordance with BMP "GP4".	
3	Demolition Ground Surface Configuration	3
	It is difficult to discern the differences between the similarly shaded areas; e.g. asphalt, concrete, and soil areas inside existing buildings as well as asphalt/concrete and outdoor soil areas. Please revise the permit drawings to use different hatching	
	patterns or greater contrasting grey shading to define the different areas.	
	Applicant Response: Figure 3 of the SWMP/ECP has been revised as requested.	

4	In-Ground Structures	4
	Please revise Figures 4 and 5 to show the sheets as "For Reference Only" as they do not depict work included in these permits.	
	In addition, please revise Figure 4 to relocate the note that is superimposed over Section A-A'.	
	Finally, please verify the permit drawings show construction fencing or similar measures to be installed at the perimeter of the site to prevent the public (non-construction personnel) from entering the site.	
	Applicant Response: Figure 4 has been revised as suggested (and renumbered to Figure 7). Figure 5 is relevant to BES' checksheet item 1.2) (regarding post-demolition in-ground structure stormwater management) and is therefore left in as originally submitted without being marked "For Reference Only".	
	A new Figure 6 has been added to depict the site perimeter security fencing that will be installed during Phase 1 demolition activities. Security fencing will consist of existing permanent fencing that will remain in place and temporary perimeter fencing that will be added as demolition sequences are executed.	

(For office use only)





	Building Permit A City of Portland, 1900 SW 4th Avenue, Por	Orego	n - Bureau of	Development 50	49325 ervices • www.portlandoregor	1////	0-0	1-
Type of work					Office Use Only			
☐ New construction	ΠA	ddition/al	teration/replacemen	t	Permit no:			
Demolition	□ o		.c.a.c.mopiacomon		Date received:			
Category of const					By:			
☐ 1 & 2 family dwellin		ndustrial	☐ Access	ory building	Dy.			
☐ Multifamily	☐ Master builde		Other:	ory sumaning	Required Data: C	ne and Tw	o Family D	welling
Job site information			- Other.		Permit fees* are bas	sed on the val	lue of the wo	rk per-
Job no.:	Job address: 2141 NV	V 25th	Ave		formed. Indicate the of all equipment, ma			
		v 25tii	Ave		for the work indicate			
	ortland, OR 97210	70.00	D1 . 1 1 1	Dl 1	Valuation:			
Suite/bldg./apt. no.:			Plant 1 demol	ition-Phase I	Number of bedrooms:			
Cross street/directions	s to job site: NW 25th a	nd Wi	lson		Number of bathrooms:			
Subdivision:		Lot no T	'I 100 Taxim	nan/	Total number of floors:			
-SUCIOIVISION		Lot no T	L 100	R316317	New dwelling area:			square feet
Describut	on or work				Garage/carport area:			square feet
Demolition of b	building 5 to slab. No	o soil o	disturbance th	is phase.	Covered porch area:			square feet
	be demolished as pa				Deck area:			square feet
8	<u> </u>		•	1	Other structure area:			square feet
Provide RS Permit no.					Required Data: O Permit fees* are bas formed. Indicate the of all equipment, ma for the work indicate	sed on the val value (round aterials, labor,	lue of the wo led to the nea , overhead, a	arest dollar)
X Property owner			nant		\ /-L	d on this app	2/_1	
Name: ESCO Cor		E-mail:	Travis.Quarle	es@escocorp.com	Existing building area:	98	1,800	square feet
Address: 2141 NV	V 25th Ave				New building area:		0	square feet
City/State/ZIP: Port	land, OR 97210				Number of stories:		1	
Phone: 503.778.64		FAX:	503.778.6360		Type of construction:	wood,	steel & c	oncrete
Owner installation: This	installation is being made on prop	perty that I	own, which is not inten-	ded for sale, lease, rent,	Occupancy groups			
or exchange.					Existing:			
Owner signature:				Date:	New:			
X Contractor	DD	E ii.	1 - 66 - 40	11:4:	Notice			
Business name:NW		E-mail:	choffart@nw	demolition.com	All contractors and s licensed with the Or			
Address: P.O. Bo					under ORS 701 and	l may be requ	uired to be lic	
City/State/ZIP: Tiga	ırd, OR 97284				jurisdiction in which Statement of Fact:			nformation
Phone: 503.638.69	900	FAX:	503.620.1708		set forth in this applic	ation are true	and complete	to the
CCB lic. no. 48263					best of my knowledge misrepresentation or			
					not) in this application	or any other	required docu	ument, as well
Authorized signature:	Lloffout		0//	25/17	as any misleading sta revocation of permit a			
Print name: Chad	nonari		Date.	25/17	of how or when disco			
X Applicant	d D livi		ntact Person		I acknowledge that w Application may be s			
Badinede name.	orthwest Demolition	and D	usmantling		handling, removal an	d/or disposal o	of asbestos ar	nd/or lead-
Contact name: C	Chad Hoffart		~		based paint. If the wo	гк is subject to -based paint, I	o regulations of I will comply v	governing vith all such
Address: P.O.	Box 230819				regulations	(initials)		
City/State/ZIP: Tiga					Building Permit			
Phone: 503.638.3	900	FAX:	503.620.1708		Please refer to fee			
CH	offart@nwdemolitio	1770.			Fees due upon			
E-mail: CTC						nt received		
Authorized signature:	Chr	2	~	\	L	tion expires	if a name it !	not obtained
Ch	nad Hoffart		5 . 0/	/25/17	This permit applica	uon expires	ii a permit is	, not obtained

9/25/17

Date:

within 180 days after it has been accepted as complete.





Duilding Damels Annalised on	17-249329-co
Building Permit Application	DAAA 61
City of Portland, Oregon - Bureau of Developm 1900 SW 4th Avenue, Portland, Oregon 97201 • 503-823-7300 • TTY 503-	ent Services \\\\(\)\\\(\)
1900 SW 4th Avenue, Portland, Oregon 97201 • 503-823-7300 • TTY 503-	823-6868 • www.portlandoregon.gov/fbds

Type of work				Office Use Only		
☐ New construction	☐ A	ddition/alteration/	replacement	Permit no:		
Demolition	Пo	ther:		Date received:		
Category of const	ruction			By:		
1 & 2 family dwelling	g Gommercial/i	ndustrial	☐ Accessory building			
☐ Multifamily	☐ Master builde	er	Other:	Required Data: C	one and Two Family D	welling
Job site informatio	n and location				sed on the value of the wor value (rounded to the nea	
Job no.:	Job address: 2141 NV	V 25th Ave		of all equipment, ma	aterials, labor, overhead, ared on this application.	
City/State/ZIP: Po	rtland, OR 97210			Valuation:		
Suite/bldg./apt. no.:	Project name: I	ESCO Plant	1 demolition-Phase 1	Number of bedrooms:		
Cross street/directions	to job site: NW 25th a	nd Wilson		Number of bathrooms:		
				Total number of floors:		
Subdivision:	T	Lot no TL 100	Taxlmap/ R316317	New dwelling area:		square feet
Descriptio	on or work		10317	Garage/carport area:		square feet
Demolition of h	ouilding 6 to slab. No	o soil distur	hance this phase	Covered porch area:		square feet
	be demolished as pa			Deck area:		square feet
building 6 win t	be demonstred as pa	it of sequen	The first phase.	Other structure area:		square feet
				Required Data: C	Commercial Use	
Provide RS Permit no.				formed. Indicate the of all equipment, ma	sed on the value of the work value (rounded to the nea aterials, labor, overhead, and	rest dollar)
X Property owner		Tenant		37.1	ed on this application.	
Name: ESCO Corp		E-mail: Travi	s.Quarles@escocorp.com	Existing building area:	18,000	square feet
Address: 2141 NW	/ 25th Ave			New building area:	0	square feet
City/State/ZIP: Portl	and, OR 97210			Number of stories:	2	oquaio 1001
Phone: 503.778.64	193	FAX: 503.7	778.6360	Type of construction:	wood, steel & co	oncrete
	installation is being made on prop	perty that I own, which	ch is not intended for sale, lease, rent,	Occupancy groups		1
or exchange.			Deter	Existing:		
Owner signature: X Contractor			Date:	New:		
Business name:NW	DD	E-mail: choff	fart@nwdemolition.com	Notice	aubaantaa tara ara manuira	d to be
		L-mail. Chori	art@iiwdeiiioiitioii.coiii	licensed with the Or	subcontractors are required regon Construction Contract	ctors Board
Address: P.O. Bo					I may be required to be lice work is being performed.	ensed in the
City/State/ZIP: Tiga:				1	I certify that the facts and in	formation
Phone: 503.638.69	900	FAX: 503.6	520.1708		ation are true and complete a. I understand that any falsi	A 100 A
CCB lic. no. 48263				misrepresentation or	omission of fact (whether in	tentional or
Authorized signature:					n or any other required docu atement or omission, may be	
Print name: Chad I	Hoffart		Date: 9/25/17	revocation of permit a	and/or certificate of occupan	cy, regardless
X Applicant		Contact P	Date.		ork related to this Building P	ermit
	rthwest Demolition			Application may be s	ubject to regulations governi	ing the
C	had Hoffart		8		d/or disposal of asbestos an ork is subject to regulations o	
	Box 230819			asbestos and/or lead- regulations.	-based paint, I will comply w (initials)	ith all such
City/State/ZIP: Tiga:				Building Permit	Fees*	
Phone: 503.638.39		502 60	20.1708	Please refer to fee		
		1770	20.1700	Fees due upon	application	
E-mail: CHo	ffart@nwdemolition	n.com		Amou	nt received	
Authorized signature:	Cun	222		Da	te received	
Ch:	ad Hoffart		Date: 9/25/17		tion expires if a permit is	





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.portlandoregon.gov/bds

Type of work		Office Use Only	
☐ New construction	Addition/alteration/replacement	Permit no:	
Demolition	Other:	Date received:	
Category of construction		By:	
☐ 1 & 2 family dwelling ☐ Commerc	ial/industrial		
☐ Multifamily ☐ Master bu	ilder	Required Data: C	ne and Two Family Dwelling
Job site information and location			ed on the value of the work per-
Job no.: Job address: 2141 N	NW 25th Ave		value (rounded to the nearest dollar) terials, labor, overhead, and the profit d on this application
City/State/ZIP: Portland, OR 97210		Valuation:	а стипо аррпосиоти
	ESCO Plant 1 demolition-Phase 1	Number of bedrooms:	
Cross street/directions to job site: NW 25th	and Wilson	Number of bathrooms:	
		Total number of floors:	
Subdivision	Lot no. TL 100 Tax!map/ R316317	New dwelling area:	square feet
Description of work	11 100	Garage/carport area:	square feet
Demolition of building 7 to slab.	No soil disturbance this phase.	Covered porch area:	square feet
Building 7 will be demolished as		Deck area:	square feet
	1	Other structure area:	square feet
		Required Data: C	
Provide RS Permit no.		formed. Indicate the of all equipment, ma	ed on the value of the work per- value (rounded to the nearest dollar) terials, labor, overhead, and the profit
X Property owner	Tenant	for the work indicate Valuation:	58322- (B)
Name: ESCO Corp	E-mail: Travis.Quarles@escocorp.com	Existing building area:	58322 15,300 square feet
Address: 2141 NW 25th Ave		New building area:	0 square feet
City/State/ZIP: Portland, OR 97210		Number of stories:	3
Phone: 503.778.6493	FAX: 503.778.6360	Type of construction:	wood, steel & concrete
	property that I own, which is not intended for sale, lease, rent,	Occupancy groups	
or exchange. Owner signature:	Date:	Existing:	
X Contractor	Bale.	New:	
Business name:NWDD	E-mail: choffart@nwdemolition.com	Notice All contractors and s	ubcontractors are required to be
Address: P.O. Box 230819	0.00.00.00.00.00.00.00.00.00.00.00.00.0	licensed with the Or	egon Construction Contractors Board
City/State/ZIP: Tigard, OR 97284			may be required to be licensed in the work is being performed.
	F02 (20 1700		I certify that the facts and information
Phone: 503.638.6900	FAX: 503.620.1708		ation are true and complete to the . I understand that any falsification,
CCB lic. no. 48263		A Committee of the Comm	omission of fact (whether intentional or or any other required document, as well
Authorized signature:		as any misleading sta	tement or omission, may be cause for
Print name: Chad Hoffart	Date: 9/25/17	of how or when disco	nd/or certificate of occupancy, regardless vered.
X Applicant	Contact Person		ork related to this Building Permit
Business name: Northwest Demolition	on and Dismantling		bject to regulations governing the d/or disposal of asbestos and/or lead-
Contact name: Chad Hoffart		asbestos and/or lead-	rk is subject to regulations governing based paint, I will comply with all such
Address: P.O. Box 230819		regulations	
City/State/ZIP: Tigard, OR 97284		Building Permit I	
Phone: 503.638.3900	FAX: 503.620.1708	Fees due upon	T
E-mail: CHoffart@nwdemoliti	on.com		nt received
	1	Dat	e received
Authorized signature: Chad Hoffart	0/25/17	This permit applica	ion expires if a permit is not obtained
Print name:	Date: 9/25/17	within 180 days after	r it has been accepted as complete.





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.portlandoregon.gov/bds

17-249340-co DMD-01-

Type of work				Office Use Only		
☐ New construction	☐ Addition/alteration	on/replacement		Permit no:		
Demolition ☐ Other:				Date received:		
Category of construction				Ву:		
☐ 1 & 2 family dwelling ☐ Comme	ercial/industrial	☐ Accessory bu	ilding			
☐ Multifamily ☐ Master	builder	Other:		NAME OF TAXABLE PARTY O	ne and Two Family Dwelling	
Job site information and location					ed on the value of the work pervalue (rounded to the nearest dollar)	
Job no.: Job address: 2141	NW 25th Av	e		of all equipment, ma	terials, labor, overhead, and the profit	
City/State/ZIP: Portland, OR 9721	10			Valuation:	d on this application.	
		nt 1 demolition	-Phase 1	Number of bedrooms:		
Cross street/directions to job site: NW 25	th and Wilson	n		Number of bathrooms:		
				Total number of floors:		
Subdivision:	Lot no.TL 1	00 Tax!map/	R316317	New dwelling area:	square feet	
Description of work	TET	00	10317	Garage/carport area:	square feet	
Demolition of building 8 to slab	. No soil dist	urbance this ph	ase.	Covered porch area:	square feet	
Building 8 will be demolished a				Deck area:	square feet	
	- part of ocqu			Other structure area:	square feet	
				Required Data: C		
					sed on the value of the work pervalue (rounded to the nearest dollar)	
Provide RS Permit no.					terials, labor, overhead, and the profit d on this application.	
X Property owner	Tenant	. 0 1 0		Valuation:		
Name: ESCO Corp	E-mail: I ra	avis.Quarles@e	scocorp.com	Existing building area:	12 579 3,300 square feet	
Address: 2141 NW 25th Ave				New building area:	0 square feet	
City/State/ZIP: Portland, OR 97210				Number of stories:	1	
Phone: 503.778.6493	FAX: 50	3.778.6360		Type of construction:	wood, steel & concrete	
Owner installation: This installation is being made	on property that I own,	which is not intended for	sale, lease, rent,	Occupancy groups		
or exchange. Owner signature:		Da	te.	Existing:		
X Contractor		Da	ic.	New:		
Business name:NWDD	E-mail: cho	offart@nwdem	olition com		subcontractors are required to be	
Address: P.O. Box 230819	CITY CITY	onarte nivaem		licensed with the Ore	egon Construction Contractors Board	
City/State/ZIP: Tigard, OR 97284					may be required to be licensed in the work is being performed.	
	I 50:	2 (20 1700			I certify that the facts and information	
Phone: 503.638.6900	FAX: 503	3.620.1708			ation are true and complete to the e. I understand that any falsification,	
CCB lic. no. 48263				The state of the s	omission of fact (whether intentional or or any other required document, as well	
Authorized signature:			ž	as any misleading sta	tement or omission, may be cause for	
Print name: Chad Hoffart		Date: 9/25/17	7	of how or when discor	ind/or certificate of occupancy, regardless vered.	
X Applicant		t Person			ork related to this Building Permit	
Business name: Northwest Demoli	tion and Dism	nantling			ubject to regulations governing the d/or disposal of asbestos and/or lead-	
Contact name: Chad Hoffart					rk is subject to regulations governing based paint, I will comply with all such	
Address: P.O. Box 230819				regulations.		
City/State/ZIP: Tigard, OR 97284				Building Permit F	ees*	
Phone: 503.638.3900	FAX: 503.	.620.1708		Please refer to fee		
CU offert Onvidence	1700			Fees due upon		
E-mail: CHoffart@ffwdefffof					nt received	
Authorized signature:	~				te received	
Print name: Chad Hoffart		Date: 9/25/1	7		tion expires if a permit is not obtained er it has been accepted as complete.	





17-249346-60 DMO-01-City of Portland, Oregon - Bureau of Development Services
1900 SW 4th Avenue, Portland, Oregon 97201 • 503-823-7300 • TTY 503-823-6868 • www.portlandoregon.gov/bds

Type of work			Office Use Only			
☐ New construction ☐ A	ddition/alteration/re	eplacement	Permit no:			
☐ Demolition ☐ Other:			Date received:	Date received:		
Category of construction	Ву:					
☐ 1 & 2 family dwelling ☐ Commercial/i	ndustrial	☐ Accessory building				
☐ Multifamily ☐ Master builde	er	Other:	Required Data: C	ne and Two Family Dwelling		
Job site information and location				sed on the value of the work pervalue (rounded to the nearest dollar)		
Job no.: Job address: 2141 NV	V 25th Ave		of all equipment, ma	sterials, labor, overhead, and the profit and on this application.		
City/State/ZIP: Portland, OR 97210	W a		Valuation:	а от иле аррисацот.		
		demolition-Phase 1	Number of bedrooms:			
Cross street/directions to job site: NW 25th a	nd Wilson		Number of bathrooms:			
			Total number of floors:			
Subdivision:	Lot no.TL 100	Tax!map/ R316317	New dwelling area:	square feet		
Description of work			Garage/carport area:	square feet		
Demolition of building 9 to slab. No	o soil disturb	ance this phase.	Covered porch area:	square feet		
Building 9 will be demolished as pa			Deck area:	square feet		
	1	<u> </u>	Other structure area:	square feet		
			Required Data: 0			
				sed on the value of the work pervalue (rounded to the nearest dollar)		
Provide RS Permit no.				aterials, labor, overhead, and the profit ed on this application.		
X Property owner	Tenant		Malastian	247 428 (D)		
Name: ESCO Corp	E-mail: Travis	.Quarles@escocorp.con	Existing building area:	56,550 square feet		
Address: 2141 NW 25th Ave			New building area:	0 square feet		
City/State/ZIP: Portland, OR 97210	*		Number of stories:	1-2		
Phone: 503.778.6493	FAX: 503.7	78.6360	Type of construction:	wood, steel & concrete		
Owner installation: This installation is being made on prop	perty that I own, which	is not intended for sale, lease, rent,	Occupancy groups			
or exchange. Owner signature:		Date:	Existing:			
X Contractor		Date.	New:			
Business name:NWDD	E-mail: choffs	rt@nwdemolition.com	Notice	subcontractors are required to be		
	L-mail. Choma	it@iiwdeiiioiidoii.coiii	licensed with the Or	subcontractors are required to be egon Construction Contractors Board		
Address: P.O. Box 230819				may be required to be licensed in the work is being performed.		
City/State/ZIP: Tigard, OR 97284			 	I certify that the facts and information		
Phone: 503.638.6900	FAX: 503.62	20.1708		ation are true and complete to the e. I understand that any falsification,		
CCB lic. no. 48263			misrepresentation or	omission of fact (whether intentional or		
Authorized signature:				or any other required document, as well attement or omission, may be cause for		
Print name: Chad Hoffart	D	ate: 9/25/17	revocation of permit a	and/or certificate of occupancy, regardless		
X Applicant	Contact Pe			ork related to this Building Permit		
Business name: Northwest Demolition				ubject to regulations governing the d/or disposal of asbestos and/or lead-		
Contact name: Chad Hoffart			based paint. If the wo	ork is subject to regulations governing		
			asbestos and/or lead regulations.	-based paint, I will comply with all such (initials)		
1.0. DOX 230017			Building Permit	Fees*		
City/State/ZIP: Tigard, OR 97284	E02 (2)	0.1700	Please refer to fee			
Phone: 503.638.3900	FAX: 503.620	J.1/U0	Fees due upon	application		
E-mail: CHoffart@nwdemolition	n.com		Amou	nt received		
Authorized signature:	2		Da	te received		
Print name: Chad Hoffart	n.	ate: 9/25/17		tion expires if a permit is not obtained er it has been accepted as complete.		





City of Portla	rmit Application and, Oregon - Je, Portland, Oregon	on - Bureau of Develo 1 97201 • 503-823-7300 • TTY	pment Se 503-823-6868	ervices D	749347 MO-01-	-6
Type of work				Office Use Only		
☐ New construction	☐ Addition/alterat	tion/replacement		Permit no:		
Demolition	Other:			Date received:		
Category of construction				By:		
☐ 1 & 2 family dwelling ☐ Comm	ercial/industrial	☐ Accessory building				
☐ Multifamily ☐ Master	builder	Other:		Required Data: O	ne and Two Family I	Dwelling
Job site information and location				Permit fees* are bas	ed on the value of the w	ork per-
Job no.: Job address: 214	l NW 25th Av	ve			value (rounded to the ne terials, labor, overhead, d on this application.	
City/State/ZIP: Portland, OR 972				Valuation:		
		ınt 1 demolition-Ph	nase 1	Number of bedrooms:		
Cross street/directions to job site: NW 25	5th and Wilso	on		Number of bathrooms:		
,				Total number of floors:		
Subdivision:	Lot no.TL	100 Tax!map/ F	316317	New dwelling area:		square feet
Description of work				Garage/carport area:		square feet
Demolition of building 10 to sl	ab. No soil di	sturbance this phas	e.	Covered porch area:		square feet
Building 10 will be demolished				Deck area:		square feet
8		1		Other structure area:		square feet
				Required Data: C		
Provide RS Permit no.				formed. Indicate the	sed on the value of the w value (rounded to the ne terials, labor, overhead,	earest dollar)
X Property owner	Tenant	t			d on this application.	
Name: ESCO Corp		avis.Quarles@esco	corp.com	Valuation:	57 904	
Address: 2141 NW 25th Ave				Existing building area: New building area:	10,800	square feet
City/State/ZIP: Portland, OR 97210				Number of stories:	1	Square root
Phone: 503.778.6493	FAX: 50	03.778.6360		Type of construction:	steel & concret	te
Owner installation: This installation is being made			lease rent	Occupancy groups		
or exchange.	,,	,,	, ,,,,	Existing:		
Owner signature:	y.	Date:		New:		
X Contractor				Notice		
Business name:NWDD	E-mail: ch	offart@nwdemolit	ion.com		subcontractors are requiregon Construction Contr	
Address: P.O. Box 230819				under ORS 701 and	may be required to be li	censed in the
City/State/ZIP: Tigard, OR 97284					work is being performed. I certify that the facts and	
Phone: 503.638.6900	FAX: 50	03.620.1708		set forth in this applica	ation are true and complet	te to the
CCB lic. no.48263					e. I understand that any fal omission of fact (whether i	
				not) in this application	or any other required doc	cument, as well
Authorized signature:		Date: 9/25/17			itement or omission, may l ind/or certificate of occupa	
Print name: Chad Hoffart		Date.		of how or when discor		
M Applicant		ct Person			ork related to this Building ubject to regulations gover	
Business name: Northwest Demoli	tion and Disr	mantiing		handling, removal and	d/or disposal of asbestos a	and/or lead-
Contact name: Chad Hoffart					rk is subject to regulations based paint, I will comply (initials)	
Address: P.O. Box 230819				Building Permit F		
City/State/ZIP: Tigard, OR 97284				Please refer to fee		
Phone: 503.638.3900	FAX: 503	3.620.1708		Fees due upon		
E-mail: CHoffart@nwdemo	lition.com			Amour	nt received	
00	4	200		Dat	te received	
Authorized signature: Chad Hoffart		Date: 9/25/17	_		tion expires if a permit i	

9/25/17

Date:

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





Building Permit Application
City of Portland, Oregon - Bureau of Development Services

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Type of work		Office Use Only		
☐ New construction ☐ Addition/alteration/replacement		Permit no:		
Y Demolition □ Other:		Date received:		
Category of construction		Ву:		
☐ 1 & 2 family dwelling ☐ Commercial/industrial ☐ Accessory building				
☐ Multifamily ☐ Master builder ☐ Other:			One and Two Family Dwelling	
Job site information and location			sed on the value of the work pervalue (rounded to the nearest dollar)	
Job no.: Job address: 2141 NW 25th Ave		of all equipment, ma	aterials, labor, overhead, and the profit	
City/State/ZIP: Portland, OR 97210		Valuation:	ed on this application.	
Suite/bldg./apt. no.: Project name: ESCO Plant 1 demolition-Phase	e 1	Number of bedrooms:		
Cross street/directions to job site: NW 25th and Wilson		Number of bathrooms:		
7		Total number of floors:		
Subdivision: Lot no. TL 100 Tax!map/ R316	6317	New dwelling area:	square feet	
Description of work	.0317	Garage/carport area:	square feet	
Demolition of building 11 to slab. No soil disturbance this phase.		Covered porch area:	square feet	
Building 11 will be demolished as part of Sequence #4 of 1st phase.		Deck area:	square feet	
Daniang 11 win be demonstred as part of sequence #1 of 1st phase.	•	Other structure area:	square feet	
		Required Data: C		
			sed on the value of the work per- value (rounded to the nearest dollar)	
Provide RS Permit no.		of all equipment, ma	aterials, labor, overhead, and the profit	
X Property owner		Valuation:	ed on this application.	
Name: ESCO Corp E-mail: Travis.Quarles@escocorp	p.com	Existing building area:	87692 16, 356 square feet	
Address: 2141 NW 25th Ave		New building area:	0 square feet	
City/State/ZIP: Portland, OR 97210		Number of stories:	3	
Phone: 503.778.6493 FAX: 503.778.6360		Type of construction:	wood, steel & concrete	
Owner installation: This installation is being made on property that I own, which is not intended for sale, lease,	e, rent,	Occupancy groups		
or exchange. Owner signature: Date:		Existing:		
X Contractor		New:		
Business name:NWDD E-mail: choffart@nwdemolition.	com	Notice	subcentractors are required to be	
	i.com	licensed with the Or	subcontractors are required to be egon Construction Contractors Board	
Address: P.O. Box 230819		under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed.		
City/State/ZIP: Tigard, OR 97284			I certify that the facts and information	
Phone: 503.638.6900 FAX: 503.620.1708			ation are true and complete to the e. I understand that any falsification,	
CCB lic. no. 48263		misrepresentation or	omission of fact (whether intentional or	
Authorized signature:			or any other required document, as well atement or omission, may be cause for	
Print name: Chad Hoffart Date: 9/25/17			and/or certificate of occupancy, regardless	
M Applicant			ork related to this Building Permit	
Business name: Northwest Demolition and Dismantling		Application may be s	ubject to regulations governing the d/or disposal of asbestos and/or lead-	
Contact name: Chad Hoffart		based paint. If the wo	ork is subject to regulations governing	
		asbestos and/or lead- regulations.	-based paint, I will comply with all such (initials)	
Address: P.O. Box 230819		Building Permit		
City/State/ZIP: Tigard, OR 97284		Please refer to fee		
Phone: 503.638.3900 FAX: 503.620.1708		Fees due upon	application	
E-mail: CHoffart@nwdemolition.com		Amou	nt received	
Authorized signature:		Da	te received	
Print name: Date: 9/25/17			tion expires if a permit is not obtained er it has been accepted as complete.	





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.portlandoregon.gov/bds

17-249350-60 Sarvices DMO-01-

Type of work		Office Use Only		
☐ New construction ☐ Ac	ldition/alteration/replacement	Permit no:		
≱ Demolition □ Of		Date received:		
Category of construction		By:		
☐ 1 & 2 family dwelling ☐ Commercial/ii	ndustrial			
☐ Multifamily ☐ Master builde	Other:	Required Data: C	ne and Two Family Dwelling	
Job site information and location			sed on the value of the work pervalue (rounded to the nearest dollar)	
Job no.: Job address: 2141 NW	25th Ave	of all equipment, ma	terials, labor, overhead, and the profit	
City/State/ZIP: Portland, OR 97210		for the work indicate Valuation:	d on this application.	
Suite/bldg./apt. no.: Project name: I	SCO Plant 1 demolition-Phase 1	Number of bedrooms:		
Cross street/directions to job site: NW 25th as	nd Wilson	Number of bathrooms:		
		Total number of floors:		
Subdivision:	Lot no.TL 100 Tax!map/ R316317	New dwelling area:	square feet	
Description of work		Garage/carport area:	square feet	
Demolition of building 12 to slab. N	o soil disturbance this phase.	Covered porch area:	square feet	
Building 12 will be demolished as pa		Deck area:	square feet	
3	1 1	Other structure area:	square feet	
		Required Data: C		
Provide RS Permit no.		formed. Indicate the of all equipment, ma	sed on the value of the work pervalue (rounded to the nearest dollar) aterials, labor, overhead, and the profit of on this application.	
X Property owner	Tenant		42 892	
Name: ESCO Corp	E-mail: Travis.Quarles@escocorp.com	Existing building area:	8,000 square feet	
Address: 2141 NW 25th Ave		New building area:	0 square feet	
City/State/ZIP: Portland, OR 97210		Number of stories:	1	
Phone: 503.778.6493	FAX: 503.778.6360	Type of construction:	wood, steel & concrete	
Owner installation: This installation is being made on prop	erty that I own, which is not intended for sale, lease, rent,	Occupancy groups		
or exchange. Owner signature:	Date:	Existing:		
X Contractor	Date.	New:		
Business name:NWDD	E-mail: choffart@nwdemolition.com	Notice All contractors and s	subcontractors are required to be	
Address: P.O. Box 230819	enominate invacamentation.	licensed with the Oregon Construction Contractors Board		
City/State/ZIP: Tigard, OR 97284			may be required to be licensed in the work is being performed.	
	502 (20 1500	The second of th	I certify that the facts and information	
Phone: 503.638.6900	FAX: 503.620.1708		ation are true and complete to the e. I understand that any falsification,	
CCB lic. no. 48263			omission of fact (whether intentional or or any other required document, as well	
Authorized signature:		as any misleading sta	tement or omission, may be cause for	
Print name: Chad Hoffart	Date: 9/25/17	of how or when disco	and/or certificate of occupancy, regardless vered.	
X Applicant	Contact Person		ork related to this Building Permit	
Business name: Northwest Demolition	and Dismantling		ubject to regulations governing the d/or disposal of asbestos and/or lead-	
Contact name: Chad Hoffart			rk is subject to regulations governing based paint, I will comply with all such	
Address: P.O. Box 230819		regulations		
City/State/ZIP: Tigard, OR 97284		Building Permit		
Phone: 503.638.3900	FAX: 503.620.1708	Please refer to fee Fees due upon		
E-mail: CHoffart@nwdemolition			nt received	
			te received	
Authorized signature: Chad Hoffart		L	tion expires if a permit is not obtained	
Print name:	Date: 9/25/17		er it has been accepted as complete.	





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.portlandoregon.gov/bds

Type of work			Office Use O	nly		
☐ New construction	☐ Addition/alterati	on/replacement	Permit no:			
Demolition	Other:		Date received:			
Category of construction			By:			
☐ 1 & 2 family dwelling	☐ Commercial/industrial	☐ Accessory building				
☐ Multifamily	☐ Master builder	Other:	Required Dat	a: One and	Two Family D	welling
Job site information and loca	tion				e value of the wor	
Job no.: Job address	2141 NW 25th Av	re	of all equipmen	t, materials, la	abor, overhead, ar	
City/State/ZIP: Portland, C	OR 97210		for the work ind		application.	
		nt 1 demolition-Phase				
Cross street/directions to job site:	NW 25th and Wilson	n	Number of bathro			
			Total number of fle	oors:		
Subdivision:	Lot no. TL 1	00 Tax!map/ R316	New dwelling	area:		square feet
Description of work	K	Roto	Garage/carport	area:		square feet
Demolition of building 1		turbance this phase.	Covered porch	area:		square feet
Building 13 will be demo			Deck a	area:		square feet
			Other structure a	area:		square feet
			Required Date	THE RESIDENCE OF THE PERSON NAMED IN		
			The state of the s		e value of the wor ounded to the nea	
Provide RS Permit no.			of all equipmen		abor, overhead, an	nd the profit
X Property owner	Tenant	avis.Quarles@escocorp			7,879	
Name: ESCO Corp		avis.Quaries@escocorp	Existing building		5,200	square feet
Address: 2141 NW 25th Av			New building	area:	0	square feet
City/State/ZIP: Portland, OR	97210		Number of sto		1	
Phone: 503.778.6493	FAX: 50	3.778.6360	Type of construc	tion: WOO	od, steel & co	oncrete
Owner installation: This installation is bor exchange.	eing made on property that I own,	which is not intended for sale, lease, r				
Owner signature:		Date:		ting:		
X Contractor			Notice	New:		
Business name:NWDD	E-mail: ch	offart@nwdemolition.c		and subcontra	actors are required	d to be
Address: P.O. Box 230819	L				nstruction Contraction Contraction	
City/State/ZIP: Tigard, OR 97					eing performed.	JIISCU III UIC
Phone: 503.638.6900	····	3.620.1708			nat the facts and in true and complete	
CCB lic. no. 48263		3.020.1700	best of my know	edge. I unders	stand that any falsi	fication,
CCB IIC. 110. 4020 3					of fact (whether int ther required docu	
Authorized signature:					r omission, may be tificate of occupan	
Print name: Chad Hoffart		Date: 9/25/17	of how or when			-,,g
X Applicant		t Person			d to this Building P egulations governi	
Bacilloco flame:	Demolition and Dism	nantling ————————————————————————————————————	handling, remov	al and/or dispo	sal of asbestos an	id/or lead-
Contact name: Chad Hoff	art				ect to regulations g int, I will comply w	
Address: P.O. Box 2308	19		regulations			
City/State/ZIP: Tigard, OR 97			Building Per			
Phone: 503.638.3900		.620.1708	Please refer to	pon application	T	
	vdemolition.com			mount received		
	, ,	2.0		Date received		
Authorized signature: Chad Hoffa:	rt		This permit an		res if a permit is	not obtained
Print name:	11	Date: 9/25/17			been accepted as	





17-249354-60 100-0 City of Portland, Oregon - Bureau of Development Services

1900 SW 4th Avenue, Portland, Oregon 97201 • 503-823-7300 • TTY 503-823-6868 • www.portlandoregon.gov/bds

Type of work				Office Use Only		
☐ New construction	☐ Addition/alteration	on/replacement		Permit no:		
Demolition	Other:			Date received:	±1	
Category of construction				Ву:		
☐ 1 & 2 family dwelling ☐ 0	Commercial/industrial	☐ Accessory buil	ding			
☐ Multifamily ☐ I	Master builder	Other:		Required Data: C	One and Two Family	Dwelling
Job site information and location	on				sed on the value of the very value (rounded to the n	
Job no.: Job address:	2141 NW 25th Ave	2		of all equipment, ma	aterials, labor, overhead, ed on this application.	
City/State/ZIP: Portland, OR	97210			Valuation:		
	ject name: ESCO Plan		-Phase 1	Number of bedrooms:		
Cross street/directions to job site: N	W 25th and Wilson	L The second		Number of bathrooms:		
				Total number of floors:		
Subdivision:	Lot no. TL 1(00 Tax!map/	R316317	New dwelling area:		square feet
Description of work			1010017	Garage/carport area:		square feet
Demolition of building 14	to slab. No soil dist	urbance this pl	hase.	Covered porch area:		square feet
Building 14 will be demoli				Deck area:		square feet
	- Part of ordi		Filmoti	Other structure area:		square feet
				Required Data: C		
					sed on the value of the very value (rounded to the n	
Provide RS Permit no.				of all equipment, ma	aterials, labor, overhead, ed on this application.	
X Property owner	Tenant			Valuation:		
Name: ESCO Corp	E-mail: Tra	vis.Quarles@es	cocorp.com	Existing building area:	<i>19, 730</i> 3,680	square feet
Address: 2141 NW 25th Ave				New building area:	0	square feet
City/State/ZIP: Portland, OR 97	7210			Number of stories:	1	
Phone: 503.778.6493	FAX: 503	3.778.6360		Type of construction:	wood, steel &	concrete
Owner installation: This installation is being	g made on property that I own, w	hich is not intended for s	sale, lease, rent,	Occupancy groups		
or exchange. Owner signature:		Date	0:	Existing:		
X Contractor		Date	c.	New:		
Business name:NWDD	F-mail: cho	ffart@nwdemo	lition com	Notice	subcontractors are requi	red to be
Address: P.O. Box 230819	CIIO	mart@nwacine	mtion.com	licensed with the Or	egon Construction Cont	ractors Board
	0.4			under ORS 701 and jurisdiction in which	I may be required to be work is being performed	icensed in the
City/State/ZIP: Tigard, OR 972				Statement of Fact:	I certify that the facts and	d information
Phone: 503.638.6900	FAX: 503	.620.1708			ation are true and comple e. I understand that any fa	
CCB lic. no. 48263			1	misrepresentation or	omission of fact (whether	intentional or
Authorized signature:				as any misleading sta	n or any other required do atement or omission, may	be cause for
Print name: Chad Hoffart		Date: 9/25/17		revocation of permit a of how or when disco	and/or certificate of occup	ancy, regardless
X Applicant	Contact				ork related to this Building	g Permit
	molition and Dism				ubject to regulations gove d/or disposal of asbestos	
Contact name: Chad Hoffar				based paint. If the wo	ork is subject to regulation	s governing
				regulations	-based paint, I will comply (initials)	with all such
Address: P.O. Box 230819 City/State/ZIP: Tigard, OR 972				Building Permit I	Fees*	
		620.1708		Please refer to fee		
Phone: 503.638.3900	1700.	020.1708		Fees due upon	application	
E-mail: CHoffart@nwd	emolition.com			Amou	nt received	
Authorized signature:	- pr	w	L	L	te received	
Print name: Chad Hoffart		Date: 9/25/1	7		tion expires if a permit er it has been accepted	





17-249357-co ment Services DMO-01-

City of Portland, Oregon - Bureau of Development Services
1900 SW 4th Avenue, Portland, Oregon 97201 · 503-823-7300 · TTY 503-823-6868 · www.portlandoregon.gov/bds

Type of work				Office Use Only	
☐ New construction	☐ Addition/alterati	on/replacement		Permit no:	
Demolition	Other:			Date received:	
Category of construction				By:	
☐ 1 & 2 family dwelling	☐ Commercial/industrial	☐ Accessory building			
☐ Multifamily	☐ Master builder	Other:		Required Data: C	ne and Two Family Dwelling
Job site information and loc	ation				sed on the value of the work pervalue (rounded to the nearest dollar)
Job no.: Job addres	ss: 2141 NW 25th Av	e		of all equipment, ma	terials, labor, overhead, and the profit
City/State/ZIP: Portland,	OR 97210			for the work indicate Valuation:	d on this application.
Suite/bldg./apt. no.:		nt 1 demolition-Phase	1	Number of bedrooms:	
Cross street/directions to job site:	NW 25th and Wilson	1		Number of bathrooms:	
				Total number of floors:	
Subdivision:	Lot no.TL 1	00 Tax!map/ R316	5317	New dwelling area:	square feet
Description of wo	rk	Rote	317	Garage/carport area:	square feet
Demolition of building		turbance this phase		Covered porch area:	square feet
Building 15 will be dem				Deck area:	square feet
January 15 war 50 dens	Tononea as part or seq	defice #0 of 1st phase.		Other structure area:	square feet
				Required Data: C	
					sed on the value of the work pervalue (rounded to the nearest dollar)
Provide RS Permit no.				of all equipment, ma	iterials, labor, overhead, and the profit
X Property owner	Tenant			Valuation:	d on this application.
Name: ESCO Corp		wis.Quarles@escocorp	o.com	Existing building area:	706,687 28,920 square feet
Address: 2141 NW 25th A	ive			New building area:	0 square feet
City/State/ZIP: Portland, OF	R 97210			Number of stories:	1-2
Phone: 503.778.6493	FAX: 50	3.778.6360		Type of construction:	steel & concrete
Owner installation: This installation is	being made on property that I own,	which is not intended for sale, lease,	rent,	Occupancy groups	
or exchange. Owner signature:		Date:		Existing:	8
X Contractor		Date.		New:	
Business name:NWDD	E-mail: ch	offart@nwdemolition.	com	Notice	subcontractors are required to be
Address: P.O. Box 23081		onarten wacmontion.	COM	licensed with the Ore	egon Construction Contractors Board
				under ORS 701 and jurisdiction in which	may be required to be licensed in the work is being performed.
City/State/ZIP: Tigard, OR 9					I certify that the facts and information
Phone: 503.638.6900	FAX: 50	3.620.1708			ation are true and complete to the e. I understand that any falsification,
CCB lic. no. 48263				misrepresentation or	omission of fact (whether intentional or
Authorized signature:				as any misleading sta	or any other required document, as well stement or omission, may be cause for
Print name: Chad Hoffart		Date: 9/25/17		revocation of permit a	and/or certificate of occupancy, regardless vered.
X Applicant	Contac	t Person		I acknowledge that we	ork related to this Building Permit
	Demolition and Disn				ubject to regulations governing the d/or disposal of asbestos and/or lead-
Contact name: Chad Hot	ffart			based paint. If the wo	rk is subject to regulations governing
Address: P.O. Box 230				asbestos and/or lead- regulations	based paint, I will comply with all such (initials)
City/State/ZIP: Tigard, OR			-	Building Permit F	Fees*
Phone: 503.638.3900		.620.1708		Please refer to fee	
CII. ff. 10	1700.	.020.1700		Fees due upon	application
E-mail: CHoffart@n	wdemolition.com			Amoui	nt received
Authorized signature:	Lon	2			te received
Print name: Chad Hoff	art	Date: 9/25/17			tion expires if a permit is not obtained er it has been accepted as complete.





17-2493 59-60
Valonment Services DMO-01-City of Portland, Oregon - Bureau of Development Services

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Type of work					Office Use Only			
New construction	☐ Ad	dition/alteration/re	placement		Permit no:			
Demolition	☐ Ott	her:			Date received:			
Category of construction	on				By:		8	
☐ 1 & 2 family dwelling	☐ Commercial/in		Accessory building					
☐ Multifamily	☐ Master builder	r [Other:		Required Data: C			
Job site information and	d location				Permit fees* are bas formed. Indicate the			
Job no.: Job a	iddress: 2141 NW	/ 25th Ave			of all equipment, ma for the work indicate			the profit
City/State/ZIP: Portlan	nd, OR 97210				Valuation:	ч от ино аррис	Janon.	
Suite/bldg./apt. no.:			demolition-Pha	ase 1	Number of bedrooms:			
Cross street/directions to job	site: NW 25th ar	nd Wilson			Number of bathrooms:			
					Total number of floors:			
Subdivision:		Lot no.TL 100	Tax!map/ R3	316317	New dwelling area:			square feet
Description of	work				Garage/carport area:			square feet
Demolition of build	ing 17 to slab. N	o soil disturb	pance this phase		Covered porch area:			square feet
Building 17 will be o					Deck area:			square feet
	1		1		Other structure area:			square feet
					Required Data: 0			
Deside DO Deserting					Permit fees* are bas formed. Indicate the	value (rounde	d to the neare	est dollar)
Provide RS Permit no.					of all equipment, ma for the work indicate			d the profit
X Property owner Name: ESCO Corp		Tenant Travie	.Quarles@escoc	orn con	Malication		,867	
		E-mail: 11avis.		orp.com	Existing building area:		15,000	square feet
Address: 2141 NW 251					New building area:		0	square feet
City/State/ZIP: Portland,	, OR 97210				Number of stories:		1	
Phone: 503.778.6493		FAX: 503.77	78.6360		Type of construction:	steel &	concrete	
Owner installation: This installation exchange.	tion is being made on prope	erty that I own, which	is not intended for sale, le	ase, rent,	Occupancy groups			
Owner signature:			Date:		Existing:			
X Contractor					New:			
Business name:NWDD		E-mail: choffa:	rt@nwdemolitic	on.com	All contractors and	subcontractors	are required	to be
Address: P.O. Box 23	0819				licensed with the Or under ORS 701 and			
City/State/ZIP: Tigard, C					jurisdiction in which			ised in the
Phone: 503.638.6900		FAX: 503.62	0.1708		Statement of Fact: set forth in this applic			
CCB lic. no. 48263		FAX. 303.02	.0.1708		best of my knowledge	e. I understand t	that any falsific	cation,
CCB IIC. no. 46203					misrepresentation or not) in this application			
Authorized signature:					as any misleading sta revocation of permit a			
Print name: Chad Hoff	art	Da	ate: 9/25/17		of how or when disco		. or occupancy	r, regardiess
X Applicant		Contact Per			I acknowledge that w			
Business name: Northw	vest Demolition	and Dismant	lling		Application may be s handling, removal an	d/or disposal of	asbestos and/	/or lead-
Contact name: Chad	Hoffart				based paint. If the wo			
Address: P.O. Box 2	230819				regulations.	The state of the s		
City/State/ZIP: Tigard, C					Building Permit			
Phone: 503.638.3900		FAX: 503.620	0.1708		Please refer to fee			
CHoffort	 t@nwdemolition	1700.			Fees due upon			
E-mail: CHOITAIT	2 I Wacmondon					nt received		
Authorized signature:	1	n	2			tion expires if	a namelt le	ant obtains
Print name: Chad F	lottart	Da	ate: 9/25/17		This permit applica within 180 days after			







Type of work				Office Use Only		
☐ New construction	☐ Addition/alteration	n/replacement		Permit no:		
Demolition	Demolition			Date received:		
Category of construction				Ву:		
☐ 1 & 2 family dwelling ☐ Comr	mercial/industrial	☐ Accessory build	ling			
☐ Multifamily ☐ Maste	er builder	Other:		Required Data: C	ne and Two Family D	welling
Job site information and location					ed on the value of the wo value (rounded to the nea	
Job no.: Job address: 214	11 NW 25th Ave			of all equipment, ma	terials, labor, overhead, a	
City/State/ZIP: Portland, OR 972	210			for the work indicate	d on this application.	
	name: ESCO Plant	1 demolition-	Phase 1	Valuation: Number of bedrooms:		
Cross street/directions to job site: NW 2				Number of bathrooms:		
				Total number of floors:		
Subdivision:	Lot no.TL 100	() Tax!map/	R316317	New dwelling area:		square feet
Description of work	12 10		K31031/	Garage/carport area:		square feet
Demolition of building 18 to s	elah No soil dieta	irbance this ph	256	Covered porch area:		square feet
Building 18 will be demolished				Deck area:		square feet
banding to will be demonstret	a as part or seque	ence #3 01 13t p	masc.	Other structure area:		square feet
				Required Data: C		
					sed on the value of the wo value (rounded to the nea	
Provide RS Permit no.				of all equipment, ma	terials, labor, overhead, a	nd the profit
X Property owner	Tenant			Valuation:	d on this application.	(B)
Name: ESCO Corp	E-mail: Trav	ris.Quarles@esc	cocorp.com	Existing building area:	17,000	square feet
Address: 2141 NW 25th Ave				New building area:	0	square feet
City/State/ZIP: Portland, OR 97210)			Number of stories:	1-2	
Phone: 503.778.6493	FAX: 503.	778.6360	8	Type of construction:	wood, steel & c	oncrete
Owner installation: This installation is being mad	e on property that I own, wh	nich is not intended for sa	ale, lease, rent,	Occupancy groups		
or exchange.		Date		Existing:		
Owner signature: X Contractor		Date		New:		
Business name:NWDD	E-mail: chof	ffart@nwdemol	lition com	Notice	subcontractors are require	d to bo
Address: P.O. Box 230819	L-mail. CHOI	nart@nwdemo	itton.com	licensed with the Ore	egon Construction Contra	ctors Board
					may be required to be lic work is being performed.	ensed in the
City/State/ZIP: Tigard, OR 97284				Statement of Fact:	I certify that the facts and in	
Phone: 503.638.6900	FAX: 503.	620.1708			ation are true and complete a. I understand that any fals	
CCB lic. no. 48263				misrepresentation or	omission of fact (whether in	tentional or
Authorized signature:				as any misleading sta	or any other required docu tement or omission, may be	e cause for
Print name: Chad Hoffart		Date: 9/25/17		revocation of permit a of how or when discor	ind/or certificate of occupan vered.	cy, regardless
X Applicant	Contact F				ork related to this Building F	
Business name: Northwest Demo	lition and Disma	intling			ubject to regulations govern d/or disposal of asbestos ar	
Contact name: Chad Hoffart				based paint. If the wo	rk is subject to regulations of	governing
Address: P.O. Box 230819				regulations.		nui ali sucii
				Building Permit F	ees*	
Phone: 503.638.3900	City/State/ZIP: Tigard, OR 97284				schedule	
CII-ffort Consulation and				Fees due upon		
E-mail: CHoffart@nwdemo					nt received	
Authorized signature:	an	2		L	te received	
Print name: Chad Hoffart		Date: 9/25/17			tion expires if a permit is er it has been accepted a	





Building Permit Application

17 - 249363 - 60pment Services 00000 - 600City of Portland, Oregon - Bureau of Development Services
1900 SW 4th Avenue, Portland, Oregon 97201 • 503-823-7300 • TTY 503-823-6868 • www.portlandoregon.gov/bds

Type of work				Office Use Only		
☐ New construction	☐ Addition/altera	tion/replacement		Permit no:		
Demolition	Other:			Date received:		
Category of construction	n			By:		
☐ 1 & 2 family dwelling	☐ Commercial/industrial	☐ Accessory building				
☐ Multifamily	☐ Master builder	Other:		Required Data: C	one and Two Family Dwelling	
Job site information and	location				ed on the value of the work pervalue (rounded to the nearest dol	lor\
Job no.: Job a	ddress: 2141 NW 25th Av	ve .		of all equipment, ma	terials, labor, overhead, and the p	
City/State/ZIP: Portlar	nd, OR 97210			for the work indicate Valuation:	d on this application.	
Suite/bldg./apt. no.:	Project name: ESCO Pla	nt 1 demolition-Ph	ase 1	Number of bedrooms:		
	site: NW 25th and Wilso	n		Number of bathrooms:		
,				Total number of floors:		
Subdivision:	Lot no. TL	[00] Tax!map/ R	316317	New dwelling area:	squal	re feet
Description of		, and the second	310317	Garage/carport area:	squa	re feet
	ing 19 to slab. No soil dis	sturbance this phas	e	Covered porch area:	squal	re feet
	demolished as part of Sec			Deck area:	squa	re feet
8	The second was present as a second	Imania = ar Iar Fin		Other structure area:	squa	re feet
				Required Data: C		
					sed on the value of the work per- value (rounded to the nearest dol	lar)
Provide RS Permit no.				of all equipment, ma	iterials, labor, overhead, and the p d on this application.	
X Property owner	Tenant			Valuation:	90.69/	0
Name: ESCO Corp		avis.Quarles@escoo	corp.com	Existing building area:	25 000	re feet
Address: 2141 NW 25t	h Ave			New building area:	0 squa	re feet
City/State/ZIP: Portland,	OR 97210			Number of stories:	1-2	
Phone: 503.778.6493	FAX: 50	3.778.6360		Type of construction:	wood, steel & concre	te
	ion is being made on property that I own,	which is not intended for sale, I	ease, rent,	Occupancy groups		
or exchange. Owner signature:		Date:		Existing:		
X Contractor		Bate.		New:		
Business name:NWDD	E-mail: ch	offart@nwdemoliti	on.com		subcontractors are required to be	
Address: P.O. Box 230				licensed with the Or	egon Construction Contractors Bo	
City/State/ZIP: Tigard, C					may be required to be licensed in work is being performed.	tne
		2 (20 1700			I certify that the facts and information	n
Phone: 503.638.6900	FAX: 50	3.620.1708			ation are true and complete to the e. I understand that any falsification,	
CCB lic. no. 48263					omission of fact (whether intentional or any other required document, as	
Authorized signature:				as any misleading sta	tement or omission, may be cause fund/or certificate of occupancy, regar	or
Print name: Chad Hoffs	art	Date: 9/25/17		of how or when disco	1 7. 0	uless
X Applicant		ct Person			ork related to this Building Permit	
Business name: Northw	rest Demolition and Disr	nantling		handling, removal and	ubject to regulations governing the d/or disposal of asbestos and/or lead	
Contact name: Chad	Hoffart				rk is subject to regulations governing based paint, I will comply with all su	
Address: P.O. Box 2	230819			regulations.		
City/State/ZIP: Tigard, C				Building Permit I		
Phone: 503.638.3900		3.620.1708		Please refer to fee	T	
CUeffeet	@nwdemolition.com			Fees due upon		
E-mail: Chonant	enwacinomion,com				nt received	
Authorized signature:	man				tion expires if a permit is not obt	ains
Print name: Chad H	offart	Date: 9/25/17			tion expires if a permit is not obt er it has been accepted as compl	





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.portlandoregon.gov/bds

Type of work				Office Use Only		
☐ New construction	☐ Addition/alterat	ion/replacement		Permit no:		
Demolition	Other:			Date received:		
Category of construction				By:		
☐ 1 & 2 family dwelling	☐ Commercial/industrial	☐ Accessory bu	uilding			
☐ Multifamily	☐ Master builder	Other:	Ü	Required Data: C	One and Two Family Dwelling	
Job site information and lo				Permit fees* are bas	sed on the value of the work per-	
	ess: 2141 NW 25th Av	<i>r</i> e		of all equipment, ma	value (rounded to the nearest dollar) iterials, labor, overhead, and the prof	
City/State/ZIP: Portland,	OR 97210			for the work indicate Valuation:	d on this application.	
Suite/bldg./apt. no.:	Project name: ESCO Pla	nt 1 demolitior	n-Phase 1	Number of bedrooms:		
Cross street/directions to job site	NW 25th and Wilso	n		Number of bathrooms:		
Out district				Total number of floors:	1	
Subdivision:	Lot no. TL 1	00 Tax!map/	R316317	New dwelling area:	square for	
Description of wo	ork			Garage/carport area:	square f	
Demolition of building	g 20 to slab. No soil dis	sturbance this p	hase.	Covered porch area:	square f	
Building 20 will be den				Deck area:	square f	
	1		•	Other structure area:	square for	
				Required Data: C		
Provide RS Permit no.				formed. Indicate the of all equipment, ma	sed on the value of the work pervalue (rounded to the nearest dollar aterials, labor, overhead, and the profes on this application.	
N Property owner	Tenant				78,57/	
Name: ESCO Corp		avis.Quarles@e	scocorp.con	Existing building area:	11,000 square f	
Address: 2141 NW 25th	Ave			New building area:	0 square f	
City/State/ZIP: Portland, O	R 97210			Number of stories:	1	
Phone: 503.778.6493	FAX: 50	3.778.6360		Type of construction:	wood, steel & concrete	
Owner installation: This installation is	s being made on property that I own,	which is not intended for	sale, lease, rent,	Occupancy groups		
or exchange. Owner signature:		Da	ate:	Existing:		
X Contractor		Da	ite.	New:		
Business name:NWDD	E-mail: ch	offart@nwdem	olition com	Notice All contractors and s	subcontractors are required to be	
Address: P.O. Box 2308		onurte iiwaciii	ontion.com	licensed with the Or	egon Construction Contractors Board	
City/State/ZIP: Tigard, OR					may be required to be licensed in th work is being performed.	
		2 (20 1700			I certify that the facts and information	
Phone: 503.638.6900	FAX: 50	3.620.1708			ation are true and complete to the e. I understand that any falsification,	
CCB lic. no. 48263				misrepresentation or omission of fact (whether intentional or not) in this application or any other required document, as we		
Authorized signature:				as any misleading sta	atement or omission, may be cause for	
Print name: Chad Hoffart		Date: 9/25/1	7	of how or when disco	and/or certificate of occupancy, regardle vered.	
X Applicant		t Person			ork related to this Building Permit	
Business name: Northwest	t Demolition and Disn	nantling			ubject to regulations governing the d/or disposal of asbestos and/or lead-	
Contact name: Chad Ho	offart			based paint. If the wo	ork is subject to regulations governing	
Address: P.O. Box 230	1810			regulations.	-based paint, I will comply with all such (initials)	
City/State/ZIP: Tigard, OR				Building Permit I	Fees*	
Phone: 503.638.3900		5.620.1708		Please refer to fee		
CII-ff 10	nwdemolition.com			Fees due upon		
E-mail: CHOHART@r					nt received	
Authorized signature:	e as	~~		L	te received	
Print name: Chad Hof	lart	Date: 9/25/1	17		tion expires if a permit is not obtain er it has been accepted as complete	

Date:

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





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Type of work				Office Use Only		
☐ New construction ☐	Addition/alteration	on/replacement		Permit no:		
Demolition			Date received:			
Category of construction				Ву:		
☐ 1 & 2 family dwelling ☐ Commercia	al/industrial	☐ Accessory bu	ilding			
☐ Multifamily ☐ Master buil	der	Other:		Required Data: C	ne and Two Family Dwelling	
Job site information and location					ed on the value of the work per-	
Job no.: Job address: 2141 N	W 25th Ave	e			value (rounded to the nearest dollar) terials, labor, overhead, and the profit	
City/State/ZIP: Portland, OR 97210				for the work indicate	d on this application.	
	ESCO Plan	nt 1 demolition	-Phase 1	Valuation: Number of bedrooms:		
Cross street/directions to job site: NW 25th				Number of bathrooms:		
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				Total number of floors:		
Subdivision:	Lot no.TL 1	00 Tax!map/	R316317	New dwelling area:	square feet	
Description of work			R310317	Garage/carport area:	square feet	
Demolition of building 21 to slab.	No soil dist	turbance this n	hase	Covered porch area:	square feet	
Building 21 will be demolished as				Deck area:	square feet	
building 21 will be demonstred as	purt or ocq		Priuse.	Other structure area:	square feet	
				Required Data: C	ommercial Use	
Provide RS Permit no.				formed. Indicate the	ed on the value of the work per- value (rounded to the nearest dollar)	
X Property owner	Topont				terials, labor, overhead, and the profit on this application.	
Name: ESCO Corp	Tenant Tra	vis.Quarles@e	scocorp com	Valuation:	185.714	
Address: 2141 NW 25th Ave	E-IIIaii.	.,10, Quaries & c.		Existing building area:	26,000 square feet	
				New building area:	0 square feet	
City/State/ZIP: Portland, OR 97210				Number of stories:	1	
Phone: 503.778.6493	FAX: 503	3.778.6360		Type of construction:	wood, steel & concrete	
Owner installation: This installation is being made on p or exchange.	roperty that I own, v	which is not intended for	sale, lease, rent,	Occupancy groups Existing:		
Owner signature:		Da	te:	New:		
X Contractor				Notice		
Business name:NWDD	E-mail: cho	offart@nwdem	olition.com		ubcontractors are required to be	
Address: P.O. Box 230819					egon Construction Contractors Board may be required to be licensed in the	
City/State/ZIP: Tigard, OR 97284				jurisdiction in which	work is being performed.	
Phone: 503.638.6900	FAX: 503	3.620.1708			I certify that the facts and information	
CCB lic. no. 48263	1777. 303	,.020.1700		set forth in this application are true and complete to the best of my knowledge. I understand that any falsification,		
CCB IIC. 110. 10203					omission of fact (whether intentional or or any other required document, as well	
Authorized signature:					tement or omission, may be cause for nd/or certificate of occupancy, regardless	
Print name: Chad Hoffart		Date: 9/25/17	7	of how or when discor		
X Applicant	Contact	Person			ork related to this Building Permit	
Business name: Northwest Demolitio	n and Dism	antling		, ,	bject to regulations governing the d/or disposal of asbestos and/or lead-	
Contact name: Chad Hoffart			asbestos and/or lead-	rk is subject to regulations governing based paint, I will comply with all such		
Address: P.O. Box 230819				regulations		
City/State/ZIP: Tigard, OR 97284				Building Permit F		
Phone: 503.638.3900	FAX: 503.	620.1708		Fees due upon		
E-mail: CHoffart@nwdemolitie	on.com				nt received	
Out 1		2	,	Dat	e received	
Authorized signature: Chad Hoffart		9/25/1	7	This permit applica	tion expires if a permit is not obtained	

9/25/17

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





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Type of work			Office Use Only		
☐ New construction	Addition/alteration/replacement		Permit no:		
lv	Other:		Date received:		
Category of construction			By:		
☐ 1 & 2 family dwelling ☐ Commerce	ial/industrial	building			
☐ Multifamily ☐ Master bu			Required Data: C	ne and Two Family Dwelling	
Job site information and location			Permit fees* are bas	sed on the value of the work per-	
Job no.: Job address: 2141 1	NW 25th Ave		of all equipment, ma	value (rounded to the nearest dollar) terials, labor, overhead, and the profit	
City/State/ZIP: Portland, OR 97210			for the work indicate Valuation:	d on this application.	
	ESCO Plant 1 demolition	on-Phase 1	Number of bedrooms:	/	
Cross street/directions to job site: NW 25th	ı and Wilson		Number of bathrooms:		
Cook di distant			Total number of floors:		
Subdivision:	Lot no.TL 100 ax!map/	R316317	New dwelling area:	square feet	
Description of work			Garage/carport area:	square feet	
Demolition of building 22 to slab	. No soil disturbance this	phase.	Covered porch area:	square feet	
Building 22 will be demolished as			Deck area:	square feet	
			Other structure area:	square feet	
			Required Data: C		
			formed. Indicate the	sed on the value of the work pervalue (rounded to the nearest dollar)	
Provide RS Permit no.				terials, labor, overhead, and the profit d on this application.	
X Property owner	Tenant Overlage			234, 286	
Name: ESCO Corp	E-mail: Travis.Quarles@	escocorp.com	Existing building area:	32,800 square feet	
Address: 2141 NW 25th Ave			New building area:	0 square feet	
City/State/ZIP: Portland, OR 97210			Number of stories:	1-2	
Phone: 503.778.6493	FAX: 503.778.6360		Type of construction:	wood, steel & concrete	
Owner installation: This installation is being made on or exchange.	property that I own, which is not intended f	for sale, lease, rent,	Occupancy groups		
Owner signature:		Date:	Existing:		
X Contractor			New:		
Business name:NWDD	E-mail: choffart@nwder	nolition.com		subcontractors are required to be	
Address: P.O. Box 230819				egon Construction Contractors Board may be required to be licensed in the	
City/State/ZIP: Tigard, OR 97284				work is being performed.	
Phone: 503.638.6900	FAX: 503.620.1708			I certify that the facts and information	
CCB lic. no. 48263	FAX. 303.020.1700		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		
CCB IIC. 110. 4020 3					
Authorized signature:				atement or omission, may be cause for and/or certificate of occupancy, regardless	
Print name: Chad Hoffart	Date: 9/25/	17	of how or when disco		
X Applicant	Contact Person			ork related to this Building Permit ubject to regulations governing the	
Business name: Northwest Demolition and Dismantling			handling, removal an	d/or disposal of asbestos and/or lead-	
Contact name: Chad Hoffart				rk is subject to regulations governing based paint, I will comply with all such	
Address: P.O. Box 230819			regulations	(initials)	
City/State/ZIP: Tigard, OR 97284			Building Permit		
Phone: 503.638.3900	FAX: 503.620.1708	,	Please refer to fee Fees due upon		
E-mail: CHoffart@nwdemolit		•		application nt received	
			3000000000	te received	
Authorized signature: Chad Hoffart	non		L	tion expires if a permit is not obtained	
Print name: Chad Hoffart	Date: 9/25	/17		er it has been accepted as complete.	





Building Permit Application

17-249372-co DMO-01-

City of Portland, Oregon - Bureau of Development Services
1900 SW 4th Avenue, Portland, Oregon 97201 • 503-823-7300 • TTY 503-823-6868 • www.portlandoregon.gov/bds

Type of work					Office Use Only		
☐ New construction ☐ Addition/alteration/replacement				Permit no:			
Demolition	☐ Oth	er:			Date received:		
Category of construction					By:		
☐ 1 & 2 family dwelling ☐ Co	ommercial/ind	dustrial	Accessory build	ding			
☐ Multifamily ☐ Ma	aster builder		Other:		Required Data: O	ne and Two Family Dw	elling
Job site information and location	1					ed on the value of the work value (rounded to the near	
Job no.: Job address: 2	2141 NW	25th Ave				terials, labor, overhead, and	
City/State/ZIP: Portland, OR 9					Valuation:	а от ине аррисацот.	
		SCO Plant 1	demolition-	Phase 1	Number of bedrooms:		
Cross street/directions to job site: NW	V 25th an	d Wilson			Number of bathrooms:		
Out district					Total number of floors:		
Subdivision:	Lo	ot no.TL 100	Tax!map/	R316317	New dwelling area:		square feet
Description of work					Garage/carport area:		square feet
Demolition of building 27 to	o slab. No	o soil disturb	ance this ph	ase.	Covered porch area:		square feet
Building 27 will be demolish					Deck area:		square feet
	-	-			Other structure area:		square feet
					Required Data: C		
						ed on the value of the work value (rounded to the near	
Provide RS Permit no.					of all equipment, ma for the work indicate	terials, labor, overhead, and	d the profit
X Property owner		Tenant	010		Valuation:	6716	
Name: ESCO Corp	E	E-mail: Travis.	Quarles@esc	cocorp.com	Existing building area:	2,592	square feet
Address: 2141 NW 25th Ave					New building area:	0	square feet
City/State/ZIP: Portland, OR 972	210				Number of stories:	1	
Phone: 503.778.6493	F	AX: 503.77	8.6360		Type of construction:	wood	
Owner installation: This installation is being r or exchange.	nade on proper	ty that I own, which is	s not intended for sa	ale, lease, rent,	Occupancy groups		
Owner signature:			Date		Existing:		
X Contractor					Notice		
Business name:NWDD	E	-mail: choffar	t@nwdemo	lition.com		ubcontractors are required	to be
Address: P.O. Box 230819					licensed with the Ore	egon Construction Contract may be required to be licer	ors Board
City/State/ZIP: Tigard, OR 9728	4					work is being performed.	isca iii tiic
Phone: 503.638.6900		FAX: 503.620	0.1708			I certify that the facts and info ation are true and complete to	
CCB lic. no. 48263		700. 000.02			best of my knowledge. I understand that any falsification,		
555 NO. 110. 1020					not) in this application	omission of fact (whether inte or any other required docum	nent, as well
Authorized signature:						tement or omission, may be only or certificate of occupancy	
Print name: Chad Hoffart		Dat	te: 9/25/17		of how or when discov		, regardiooc
X Applicant		Contact Pers				ork related to this Building Pe	
Business name: Northwest Den	nolition a	ind Dismant	ling			d/or disposal of asbestos and	
Contact name: Chad Hoffart				based paint. If the wor	rk is subject to regulations go based paint, I will comply wit	verning h all such	
Address: P.O. Box 230819					regulations	(initials)	
City/State/ZIP: Tigard, OR 9728	4				Building Permit F		
Phone: 503.638.3900		AX: 503.620	.1708		Please refer to fee	T	
E-mail: CHoffart@nwde						nt received	
						e received	
Authorized signature: Chad Hoffart	- m	2			L	tion expires if a permit is r	not obtained
Print name: Chad Hollart		Dat	te: 9/25/17			er it has been accepted as	

Date:

within 180 days after it has been accepted as complete.





Building Permit Application
City of Portland, Oregon - Bureau of Developme
1900 SW 4th Avenue, Portland, Oregon 97201 • 503-823-7300 • TTY 503-82

17-2	249373-co
ent Services 23-6868 • www.portlan	D/VU - 01 - doregon.gov/bds
Office Use	Only

☐ New construction	☐ Additi	on/alteration/r	eplacement		Permit no:		
Demolition	☐ Other				Date received:		1
Category of construction	on				Ву:		
☐ 1 & 2 family dwelling	☐ Commercial/indu	strial	☐ Accessory bu	ilding			
☐ Multifamily	☐ Master builder		Other:			ne and Two Family I	
Job site information and	d location					sed on the value of the ward value (rounded to the ne	
	ddress: 2141 NW 2	5th Ave			of all equipment, ma for the work indicate	terials, labor, overhead, d on this application.	and the profit
Tortian	nd, OR 97210 Project name: ESC	CO Plant	1 domolition	Dhasa 1	Valuation:		
Suite/bldg./apt. no.:			demontion	1-Phase 1	Number of bedrooms:		
Cross street/directions to job	site: IN W 25th and	VVIISOII			Number of bathrooms:		
Subdivision:	Lot	no TT 100	Tax!map/		Total number of floors:		
		no.TL 100	Tax:map/	R316317	New dwelling area: Garage/carport area:		square feet
Description of		.1 1	1 .1:		Covered porch area:		square feet
Demolition of build					Deck area:		square feet
Building 28 will be	demolished as part	of Seque	nce #4 of 1st	phase.	Other structure area:		square feet
					Required Data: C	Commercial Use	
			3			sed on the value of the w value (rounded to the ne	
Provide RS Permit no.					of all equipment, ma	iterials, labor, overhead,	
X Property owner		Tenant			for the work indicate	6 on this application.	
Name: ESCO Corp		nail: Travis	s.Quarles@e	scocorp.com	Existing building area:	9,600	square feet
Address: 2141 NW 251	th Ave				New building area:	0	square feet
City/State/ZIP: Portland,	OR 97210				Number of stories:	1	
Phone: 503.778.6493	FA	x: 503.7	78.6360		Type of construction:	steel & concret	te
Owner installation: This installat	tion is being made on property	that I own, which	h is not intended for	sale, lease, rent,	Occupancy groups		
or exchange. Owner signature:			Do	ite:	Existing:		
X Contractor			Da	ile.	New:		
Business name:NWDD	E-r	mail: choffa	art@nwdem	olition com	Notice All contractors and s	subcontractors are requir	ed to be
Address: P.O. Box 23					licensed with the Or	egon Construction Contr	actors Board
City/State/ZIP: Tigard, C						may be required to be li- work is being performed.	
Phone: 503.638.6900	FA	v. 502 6	20.1708			I certify that the facts and	
CCB lic. no. 48263		A. 303.0.	20.1700		best of my knowledge	ation are true and complet e. I understand that any fal	sification,
CCB IIC. no. 40203						omission of fact (whether i n or any other required doc	and the second s
Authorized signature:						atement or omission, may be and/or certificate of occupa	
Print name: Chad Hoff	art	D	oate: 9/25/1	7	of how or when disco		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
X Applicant		Contact Pe				ork related to this Building ubject to regulations gover	
Basilies halle.	vest Demolition an	d Disman	itling		handling, removal and	d/or disposal of asbestos a	and/or lead-
Contact name: Chad Hoffart			asbestos and/or lead-	rk is subject to regulations based paint, I will comply			
Address: P.O. Box 2	230819				regulations		
City/State/ZIP: Tigard, C	OR 97284				Building Permit I		
Phone: 503.638.3900	FA	X: 503.62	0.1708		Fees due upon		
E-mail: CHoffart	@nwdemolition.co	om				nt received	
	200					te received	
Authorized signature: Chad F	loffart	2	0/05/3	17		tion expires if a permit i	
Print name:		D	oate: 9/25/1	1/	within 180 days after	er it has been accepted	as complete.





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Type of work					Office Use Only		
New construction					Permit no:		
Demolition			Date received:				
Category of construction				Ву:			
☐ 1 & 2 family dwelling	☐ Commercial/indu	ustrial	☐ Accessory build	ding			
☐ Multifamily	☐ Master builder		Other:			ne and Two Family D	
Job site information and l	ocation					ed on the value of the wo value (rounded to the nea	
Job no.: Job add	ress: 2141 NW 2	25th Ave				terials, labor, overhead, a	
City/State/ZIP: Portland	, OR 97210				Valuation:	d on this application.	
Suite/bldg./apt. no.:	Project name: ES	CO Plant 1	demolition-	Phase 1	Number of bedrooms:		
Cross street/directions to job sit	te: NW 25th and	l Wilson			Number of bathrooms:		
					Total number of floors:		
Subdivision:	Lot	no.TL 100	Tax!map/	R316317	New dwelling area:		square feet
Description of w	ork			1010017	Garage/carport area:		square feet
Demolition of buildin		soil distur	bance this ph	ase.	Covered porch area:		square feet
Building 29 will be de	<u> </u>				Deck area:		square feet
8		1			Other structure area:		square feet
					Required Data: C		
Provide RS Permit no.		ET			formed. Indicate the	ed on the value of the wo value (rounded to the nea terials, labor, overhead, a d on this application.	arest dollar)
Name: ESCO Corp		Tenant Travis	s.Quarles@es	cocorn com	Valuation:	2572 600	
		·mail: 114VIS	Quaries@es	cocorp.com	Existing building area:	600	square feet
Address: 2141 NW 25th					New building area:	0	square feet
City/State/ZIP: Portland, C	OR 97210				Number of stories:	1	
Phone: 503.778.6493	FA	4X: 503.7	78.6360		Type of construction:	wood	
Owner installation: This installation or exchange.	is being made on property	that I own, which	n is not intended for sa	ale, lease, rent,	Occupancy groups		
Owner signature:			Date	:	Existing:		
X Contractor					Notice		
Business name:NWDD	E-	mail: choffa	art@nwdemo	lition.com		subcontractors are require	d to be
Address: P.O. Box 2308	319					egon Construction Contra may be required to be lic	
City/State/ZIP: Tigard, OR	R 97284				jurisdiction in which	work is being performed.	
Phone: 503.638.6900		AX: 503.62	20.1708			I certify that the facts and in ation are true and complete	
CCB lic. no. 48263					best of my knowledge	e. I understand that any fals omission of fact (whether in	ification,
005 110. 110. 20200					not) in this application	or any other required docu	ment, as well
Authorized signature:			0/05/15		, ,	tement or omission, may be ind/or certificate of occupan	
Print name: Chad Hoffar	ι		ate: 9/25/17		of how or when discov		
X Applicant	AD I'm	Contact Pe				ork related to this Building F abject to regulations govern	
	st Demolition ar	nd Disman	tling		handling, removal and	d/or disposal of asbestos ar rk is subject to regulations	nd/or lead-
Contact name: Chad Hoffart				asbestos and/or lead-	based paint, I will comply w		
Address: P.O. Box 23	0819					(initials)	
City/State/ZIP: Tigard, OR	97284				Building Permit F		
Phone: 503.638.3900	FA	XX: 503.62	0.1708		Fees due upon		
	nwdemolition.c	om				nt received	
	7 1					e received	
Authorized signature: Chad Ho	ffart		0/05/15			tion expires if a permit is	
Print name:		D	ate: 9/25/17			er it has been accepted a	





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	, ,				
Type of work		Office Use Only			
	Addition/alteration/replacement	Permit no:			
Demolition	Other:	Date received:			
Category of construction		Ву:			
☐ 1 & 2 family dwelling ☐ Commercial	l/industrial ☐ Accessory building				
☐ Multifamily ☐ Master build	der Other:		ne and Two Family Dwelling		
Job site information and location			sed on the value of the work pervalue (rounded to the nearest dollar)		
Job no.: Job address: 2141 N	W 25th Ave	of all equipment, ma	terials, labor, overhead, and the profit d on this application.		
City/State/ZIP: Portland, OR 97210		Valuation:	и от таз аррпсатот.		
	ESCO Plant 1 demolition-Phase 1	Number of bedrooms:			
Cross street/directions to job site: NW 25th	and Wilson	Number of bathrooms:			
		Total number of floors:			
Subdivision:	Lot no. TL 100 Tax!map/ R316317	New dwelling area:	square feet		
Description of work	1.01001/	Garage/carport area:	square feet		
Demolition of building 30 to slab.	No soil disturbance this phase.	Covered porch area:	square feet		
Building 30 will be demolished as p		Deck area:	square feet		
	, and or so question with or too primote	Other structure area:	square feet		
		Required Data: C			
Provide RS Permit no. X Property owner	Tenant	formed. Indicate the of all equipment, ma	sed on the value of the work pervalue (rounded to the nearest dollar) terials, labor, overhead, and the profit d on this application.		
Name: ESCO Corp	E-mail: Travis.Quarles@escocorp.com	Valuation:	6996		
Address: 2141 NW 25th Ave	E-mail: 114Vis. Quartes@eseccorp.com	Existing building area:	2,700 square feet		
		New building area:	0 square feet		
City/State/ZIP: Portland, OR 97210		Number of stories:	1		
Phone: 503.778.6493	FAX: 503.778.6360	Type of construction:	wood and steel		
Owner installation: This installation is being made on proor exchange.	operty that I own, which is not intended for sale, lease, rent,	Occupancy groups			
Owner signature:	Date:	Existing:			
X Contractor		New:			
Business name:NWDD	E-mail: choffart@nwdemolition.com		subcontractors are required to be		
Address: P.O. Box 230819		licensed with the Or	licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the		
City/State/ZIP: Tigard, OR 97284			work is being performed.		
	FAX: 503.620.1708		I certify that the facts and information		
Phone: 503.638.6900	FAX: 503.620.1708		ation are true and complete to the e. I understand that any falsification,		
CCB lic. no. 48263			omission of fact (whether intentional or or any other required document, as well		
Authorized signature:		as any misleading sta	tement or omission, may be cause for		
Print name: Chad Hoffart	Date: 9/25/17	of how or when disco	and/or certificate of occupancy, regardless vered.		
X Applicant	Contact Person		ork related to this Building Permit		
Business name: Northwest Demolition	n and Dismantling		ubject to regulations governing the d/or disposal of asbestos and/or lead-		
Contact name: Chad Hoffart		rk is subject to regulations governing based paint, I will comply with all such			
Address: P.O. Box 230819			(initials)		
City/State/ZIP: Tigard, OR 97284		Building Permit I			
Phone: 503.638.3900	FAX: 503.620.1708	Please refer to fee	——————————————————————————————————————		
CH offert Onyudemolitie	T POX.	Fees due upon			
E-mail: CHonart@nwdemontto			nt received		
Authorized signature:	n	L	tion expires if a normit is not obtained		
Print name: Chad Hoffart	Date: 9/25/17		tion expires if a permit is not obtained er it has been accepted as complete.		





7 - 249376-co City of Portland, Oregon - Bureau of Development Services

1900 SW 4th Avenue, Portland, Oregon 97201 • 503-823-7300 • TTY 503-823-6868 • www.portlandoregon.gov/bds

Description Additional part Description Date received: Date received: Date received: Date received: Date received: Date received: Date received: Date received: Date received: Date received: Date received: Date received: Date received: Date received: Date received:	Type of work			Office Use Only		
Carrier of construction	☐ New construction	☐ Addition/alterat	tion/replacement	Permit no:		
□ 1.8.2 family dwelling □ Commercial industrial □ Accessory building □ Multiframity □ Master builder □ Other: Job site information and location Lock 97210 Suitchide part no. Suitchide part no. Suitchide part no. Description of work Demolition of building 32 to slab. No soil disturbance this phase. Building 32 will be demolished as part of Sequence #2 of 1st phase. Provide RS Permit no. X Property owner Marie ESCO Corp E-mail Travis.Quarles@escocorp.com Address 2141 NW 25th Ave Cay/State/2P Portland, QR 97210 Phone: 503.778.6493 FAX: 503.778.6360 Commer installation in bining made on property that lown, which is not intended for said, lease, red. Cay/State/2P Tigard, QR 97284 Phone: 503.638.6900 FAX: 503.620.1708 E-mail: Choffart@nwdemolition.com Address: P.O. Box 230819 Contact name Chad Hoffart Date: 9/25/17 X Applicant Charles and Applicant Charles and Charles and Complete to the information and Dismantling Contact name Chad Hoffart Date: 9/25/17 Address: P.O. Box 230819 Contact name Chad Hoffart Date: 9/25/17 Address: P.O. Box 230819 Contact name Chad Hoffart Date: 9/25/17 Address: P.O. Box 230819 Contact name Chad Hoffart Date: 9/25/17 Applicant Chad Hoffart Contact name Chad Hoffart Contact name Chad Hoffart Contact name Chad Hoffart Chall Hoffart Address: P.O. Box 230819 E-mail: Choffart@nwdemolition.com Authorized signature Chad Hoffart Contact name Chad Hoffart Address: P.O. Box 230819 E-mail: Choffart@nwdemolition.com Authorized signature Chad Hoffart Chall Hoffart Chall Hoffart Address: P.O. Box 230819 E-mail: Choffart@nwdemolition.com Authorized signature Chad Hoffart Chad Hoffart Chad Hoffart Chad Hoffart Authorized signature Chad Hoffart	Demolition	Other:		Date received:		
□ 1.8.2 family dwelling □ commercial/industrial □ Accessory building □ Multiframily □ Master outlier □ Other □ Other □ Date □ Other □ Date □	Category of construction			By:		
Substitution Subs	☐ 1 & 2 family dwelling ☐	Commercial/industrial	☐ Accessory building			America ()
Job no.: Job address: 2141 NW 25th Ave Cry/State/2IP: Portland, OR 97210 Suite hidd/pat, no.: Project name: ESCO Plant 1 demolition-Phase 1 Cross attreet/directions to job site. NW 25th and Wilson Suidulusion: Lot no.* If 100 Issuinapp R316317 Description of work Demolition of building 32 to slab. No soil disturbance this phase. Building 32 will be demolished as part of Sequence #2 of 1st phase. Building 32 will be demolished as part of Sequence #2 of 1st phase. Building 32 will be demolished as part of Sequence #2 of 1st phase. Building 32 will be demolished as part of Sequence #2 of 1st phase. Building 32 will be demolished as part of Sequence #2 of 1st phase. Building 32 will be demolished as part of Sequence #2 of 1st phase. Building 32 will be demolished as part of Sequence #2 of 1st phase. Building 32 will be demolished as part of Sequence #2 of 1st phase. Provide RS Permit no. X Property owner I cruant Name ESCO Corp Address: 2141 NW 25th Ave Corp Singulation of Sequence *2 of 1st phase *2 of 1st phase *3	☐ Multifamily ☐	Master builder	Other:	Required Data: 0	One and Two Family D	Dwelling
Job no.: Job address: 2141 NW 25th Ave Chystate/ZIP Portland, OR 97210 Cross street/directions to job site: NW 25th and Wilson Subdivision: Poescription of work Description of work Demolition of building 32 to slab. No soil disturbance this phase. Building 32 will be demolished as part of Sequence #2 of 1st phase. Building 32 will be demolished as part of Sequence #2 of 1st phase. Provide RS Permit no. X Proporty owner Name ESCO Corp E-mail: Travis.Quarles@escocorp.com Address: 2141 NW 25th Ave Chystate/ZIP: Portland, OR 97210 Phone: 503.778.6493 FAX: 503.778.6360 Covere ratablation: This installation is being made on property that I own, which is not intended for sale, lease, rent. Owner installation: This installation is being made on property that I own, which is not intended for sale, lease, rent. Owner installation: This installation is being made on property that I own, which is not intended for sale, lease, rent. Owner installation: This installation is being made on property that I own, which is not intended for sale, lease, rent. Owner installation: This installation is being made on property that I own, which is not intended for sale, lease, rent. Owner installation: This installation is being made on property that I own, which is not intended for sale, lease, rent. Owner installation: This installation is being made on property that I own, which is not intended for sale, lease, rent. Owner installation: This installation is being made on property that I own, which is not intended for sale, lease, rent. Owner installation: This installation is being made on property that I own, which is not intended for sale, lease, rent. Owner installation: This installation is being made on property that I own, which is not intended for sale, lease, rent. Owner installation is being made on property that I own, which is not intended for sale, lease, rent. Owner installation in which work is related to the best of my knowledge, Lunderstain that any islatification, misses and one of fact civil that the	Job site information and locat	ion				
CatyStateCatP Portland, OR 97210 Subtraidid japta no. Project name: ESCO Plant 1 demolition-Phase 1 Subtraidid japta no. Project name: ESCO Plant 1 demolition-Phase 1 Subtraidid japta no. Lot no. TL 100	Job no.: Job address:	2141 NW 25th Av	<i>r</i> e	of all equipment, ma	aterials, labor, overhead, a	
Subdivision: Subdivision: Subdivision: Subdivision: Lot no TL 100 Taximap R316317 Description of work Demolition of building 32 to slab. No soil disturbance this phase. Building 32 will be demolished as part of Sequence #2 of 1st phase. Building 32 will be demolished as part of Sequence #2 of 1st phase. Provide R8 Permit no. A Proporty owner Name ESCO Corp E-mail: Travis.Quarles@escocorp.com Address. 2141 NW 25th Ave Chystalez/PP. Portland, OR 97210 Phone 503.778.6493 FAX: 503.778.6360 Demore installation: its being made on property that I own, which is not intended for sale, lease, rent. Owner signature. X Contractor Business name. WDD E-mail: choffart@nwdemolition.com Address: P.O. Box 230819 Chystalez/PP. Tigard, OR 97284 Phone: 503.638.6900 FAX: 503.620.1708 Cas lic. no 48263 Authorized signature. Print name. Chad Hoffart Date: 9/25/17 Put name. Chad Hoffart Dotate: Person Business name. Northwest Demolition and Dismantling Contact name: Chad Hoffart Dotate: Person Business name. Northwest Demolition and Dismantling Contact name: Chad Hoffart Dotate: Person Business name. Northwest Demolition and Dismantling Contact name: Chad Hoffart Dotate: Person Business name. Northwest Demolition and Dismantling Contact name: Chad Hoffart Dotate: Person Business name. Northwest Demolition and Dismantling Contact name: Chad Hoffart Dotate: Person Business name. Northwest Demolition and Dismantling Contact name: Chad Hoffart Dotate: Person Business name. Northwest Demolition and Dismantling Contact name: Chad Hoffart Dotate: Person Business name. Northwest Demolition and Dismantling Contact name: Chad Hoffart Dotate: Person Business name. Northwest Demolition and Dismantling Contact name: Chad Hoffart Dotate: Person Business name. Northwest Demolition and Dismantling Contact name: Chad Hoffart Dotate: Person Business name. Northwest Demolition and Dismantling Contact name: Chad Hoffart Dotate: Person Business name. Northwest Demolition and Disman	City/State/ZIP: Portland, Ol	R 97210			ed on this application.	
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Demolition of building 32 to slab. No soil disturbance this phase. Building 32 will be demolished as part of Sequence #2 of 1st phase. Deck area: Deck area: Square fee Squired Data: Commercial Use Provide RS Permit no. Meropaty owner Name: BSCO Corp E-mail: Travis. Quarles@escocorp.com Address: 2141 NW 25th Ave City/State/ZIP: Portland, OR 97210 Phone: 503.778.6493 FAX: 503.778.6360 Cowner installation: This installation is being made on property that I own, which is not intended for sale, lease, rent, or exchange. Business name NWDD Subjects are signature: Date: Mortices Business name NWDD FAX: 503.620.1708 CCB lic. no. 48263 Authorized signature: Date: Mapplicant Contact Person Business name: Northwest Demolition and Dismantling Contact name: Chad Hoffart Date: 9/25/17 Mapplicant Contact reserved Contact name: Chad Hoffart Date: 9/25/17 Mapplicant Contact Person Business name: Chad Hoffart Date: 9/25/17 Mapplicant Contact name: Chad Hoffart Date: 9/25/17 Date: 1/2 D	Description of work		K510517			square fee
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City/State/ZIP: Portland, OR 97210 Phone: 503.778.6493 FAX: 503.778.6360 Owner installation: This installation is being made on property that I own, which is not intended for sale, lease, rent, or exchange. Owner signature: Date: X Contractor Business name: NWDD Address: P.O. Box 230819 City/State/ZIP: Tigard, OR 97284 Phone: 503.638.6900 FAX: 503.620.1708 CCB lic. no. 48263 Authorized signature: Contact name: Chad Hoffart Address: P.O. Box 230819 City/State/ZIP: Tigard, OR 97284 Evaluation: Contact Person Business name: Northwest Demolition and Dismantling Contact name: Chad Hoffart Address: P.O. Box 230819 City/State/ZIP: Tigard, OR 97284 Evaluation: Contact Person Business name: Northwest Demolition and Dismantling Contact name: Chad Hoffart Address: P.O. Box 230819 City/State/ZIP: Tigard, OR 97284 Phone: 503.638.3900 FAX: 503.620.1708 Contact person Business name: Northwest Demolition and Dismantling Contact name: Chad Hoffart Address: P.O. Box 230819 City/State/ZIP: Tigard, OR 97284 Phone: 503.638.3900 FAX: 503.620.1708 E-mail: Choffart@nwdemolition.com Authorized signature: Chad Hoffart Authorized signature: Chad Hoffart Authorized signature: Date: Type of construction: 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 with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the facts and induced the facts and induced to fact the	Address: 2141 NW 25th Ave	e			0	
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Owner signature: Date: X Contractor Business name:NWDD Address: P.O. Box 230819 City/State/ZIP: Tigard, OR 97284 Phone: 503.638.6900 CCB lic. no.48263 Authorized signature: Print name: Chad Hoffart Business name: Northwest Demolition and Dismantling Contact name: Chad Hoffart Address: P.O. Box 230819 City/State/ZIP: Tigard, OR 97284 Total Hoffart Contact Person Business name: Northwest Demolition and Dismantling Contact name: Chad Hoffart Address: P.O. Box 230819 City/State/ZIP: Tigard, OR 97284 Phone: 503.638.3900 FAX: 503.620.1708 E-mail: choffart@nwdemolition.com Authorized signature: Chad Hoffart This permit application expires if a permit is not obtaine This permit application expires if a permit is not obtaine	Phone: 503.778.6493	FAX: 50	3.778.6360	Type of construction:	wood, steel & c	concrete
Owner signature: Date: X Contractor Business name: NWDD Address: P.O. Box 230819 City/State/ZIP: Tigard, OR 97284 Phone: 503.638.6900 Authorized signature: Print name: Chad Hoffart Business name: Northwest Demolition and Dismantling Contact Person Business name: Chad Hoffart Address: P.O. Box 230819 City/State/ZIP: Tigard, OR 97284 Phone: 503.638.3900 FAX: 503.620.1708 Business name: Northwest Demolition and Dismantling Contact name: Chad Hoffart Address: P.O. Box 230819 City/State/ZIP: Tigard, OR 97284 Phone: 503.638.3900 FAX: 503.620.1708 E-mail: Choffart@nwdemolition.com Authorized signature: Chad Hoffart Address: P.O. Box 230819 City/State/ZIP: Tigard, OR 97284 Phone: 503.638.3900 FAX: 503.620.1708 E-mail: Choffart@nwdemolition.com Authorized signature: Chad Hoffart Date: 9/25/17 Tigard, OR 97284 Phone: 503.638.3900 FAX: 503.620.1708 E-mail: Choffart@nwdemolition.com Authorized signature: Chad Hoffart Date: Da	Owner installation: This installation is bei	ing made on property that I own,	which is not intended for sale, lease, rent,	Occupancy groups		
Secondaries Notice			D-4	Existing:		
Business name:NWDD E-mail: choffart@nwdemolition.com Address: P.O. Box 230819 E-mail: choffart@nwdemolition.com Address: P.O. Box 230819 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 absentso and/or lead-based paint, I will comply with all such regulations			Date:			
Address: P.O. Box 230819 City/State/ZIP: Tigard, OR 97284 Phone: 503.638.6900 FAX: 503.620.1708 CCB lic. no. 48263 Authorized signature: Print name: Chad Hoffart Business name: Northwest Demolition and Dismantling Contact name: Chad Hoffart Address: P.O. Box 230819 City/State/ZIP: Tigard, OR 97284 Phone: 503.638.3900 FAX: 503.620.1708 Icensed 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. If the work is subject to regulations governing asbestos and/or lead-based paint, I will comply with all such regulations		E mail: ah	offert Onzydom elition com			
City/State/ZIP: Tigard, OR 97284 Phone: 503.638.6900 FAX: 503.620.1708 CCB lic. no. 48263 Authorized signature: Print name: Chad Hoffart Business name: Northwest Demolition and Dismantling Contact name: Chad Hoffart Address: P.O. Box 230819 City/State/ZIP: Tigard, OR 97284 Phone: 503.638.3900 FAX: 503.620.1708 E-mail: CHoffart@nwdemolition.com Authorized signature: Chad Hoffart Contact Person Business name: Northwest Demolition and Dismantling Contact name: Chad Hoffart Address: P.O. Box 230819 City/State/ZIP: Tigard, OR 97284 Phone: 503.638.3900 FAX: 503.620.1708 E-mail: CHoffart@nwdemolition.com Authorized signature: Chad Hoffart Chad Hoffart		E-mail. CII	onart@nwdemontion.com			
Phone: 503.638.6900 FAX: 503.620.1708 CCB lic. no. 48263 Authorized signature: Print name: Chad Hoffart Date: 9/25/17 Mapplicant Contact Person Business name: Northwest Demolition and Dismantling Contact name: Chad Hoffart Address: P.O. Box 230819 City/State/ZIP: Tigard, OR 97284 Phone: 503.638.3900 FAX: 503.620.1708 E-mail: CHoffart@nwdemolition.com Statement of Fact: I certify that the facts and information set forth in this application are true and complete to the set 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. If the work is subject to regulations governing asbestos and/or lead-based paint, I will comply with all such regulations (initials) Building Permit Fees* Please refer to fee schedule Fees due upon application Amount received Date received This permit application expires if a permit is not obtaine		20.4				
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Authorized signature: Print name: Chad Hoffart Date: 9/25/17	Phone: 503.638.6900	FAX: 50	3.620.1708			
Authorized signature: Print name: Chad Hoffart Date: 9/25/17 Applicant Contact Person	CCB lic. no. 48263			misrepresentation or	omission of fact (whether in	ntentional or
Print name: Chad Hoffart Date: 9/25/17 X Applicant Business name: Northwest Demolition and Dismantling Contact name: Chad Hoffart Address: P.O. Box 230819 City/State/ZIP: Tigard, OR 97284 Phone: 503.638.3900 E-mail: CHoffart@nwdemolition.com Authorized signature: Chad Hoffart Date: 9/25/17 Date: 9/25/17 Lacknowledge 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. If the work is subject to regulations governing asbestos and/or lead-based paint, I will comply with all such regulations (initials) Building Permit Fees* Please refer to fee schedule Fees due upon application Amount received Date received This permit application expires if a permit is not obtaine	Authorized signature:					
Contact Person	Print name: Chad Hoffart		Pate: 9/25/17	revocation of permit a	and/or certificate of occupar	
Business name: Northwest Demolition and Dismantling Contact name: Chad Hoffart Address: P.O. Box 230819 City/State/ZIP: Tigard, OR 97284 Phone: 503.638.3900 E-mail: CHoffart@nwdemolition.com Authorized signature: Chad Hoffart E-mail: Chad Hoffart Application may be subject to regulations governing the handling, removal and/or disposal of asbestos and/or lead-based paint. If the work is subject to regulations governing asbestos and/or lead-based paint, I will comply with all such regulations (initials) Building Permit Fees* Please refer to fee schedule Fees due upon application Amount received Date received This permit application expires if a permit is not obtaine		Contac				Permit
Contact name: Chad Hoffart Address: P.O. Box 230819 City/State/ZIP: Tigard, OR 97284 Phone: 503.638.3900 E-mail: CHoffart@nwdemolition.com Authorized signature: Chad Hoffart Contact name: Chad Hoffart Date received Chad Hoffart	Mouthwest D			Application may be s	ubject to regulations govern	ning the
Address: P.O. Box 230819 City/State/ZIP: Tigard, OR 97284 Phone: 503.638.3900 FAX: 503.620.1708 Fees due upon application Authorized signature: Date received Chad Hoffart	Cl. 1 II - CC			based paint. If the wo	ork is subject to regulations	governing
City/State/ZIP: Tigard, OR 97284 Phone: 503.638.3900 E-mail: CHoffart@nwdemolition.com Authorized signature: Chad Hoffart Chad Hoffart O 105 (17) Building Permit Fees* Please refer to fee schedule Fees due upon application Amount received Date received This permit application expires if a permit is not obtaine				_		with all such
Phone: 503.638.3900 FAX: 503.620.1708 Please refer to fee schedule Fees due upon application E-mail: CHoffart@nwdemolition.com Amount received Authorized signature: Date received This permit application expires if a permit is not obtaine						
E-mail: CHoffart@nwdemolition.com Amount received Date received This permit application expires if a permit is not obtaine			(00.1500			
Authorized signature: Chad Hoffart OVAS 117 This permit application expires if a permit is not obtaine		1700.	5.620.1708	Fees due upon	application	
Authorized signature: Chad Hoffart OVAS / 17 This permit application expires if a permit is not obtaine	E-mail: CHoffart@nw	demolition.com		Amou	int received	
Chad Hoffart Value of the Chad Hoffart This permit application expires if a permit is not obtained	Authorized signature:	en		Da	ite received	
	Chad Hoffar	t	Date: 9/25/17			





	17-249377-co
uilding Permit Application	11 211311 00
ity of Portland, Oregon - Bureau of D	
000 SW 4th Avenue Portland Oregon 97201 • 503-823-73	00 • TTV 503-823-6868 • www.portlandorogon.gov/hde

Type of work		Office Use Only			
☐ New construction			Permit no:		
△ Demolition			Date received:		
Category of construction			By:		
☐ 1 & 2 family dwelling	☐ Commercial/industrial	☐ Accessory building	<u> </u>		
☐ Multifamily	, , , , , ,		Required Data: One and Two Family Dwelling		
Job site information and loc	ation		Permit fees* are based on the value of the work per- formed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit		
Job no.: Job addres	ss: 2141 NW 25th Av	e			
City/State/ZIP: Portland,	OR 97210		for the work indicate	d on this application.	
Suite/bldg./apt. no.:		nt 1 demolition-Phase 1	Valuation:		
Cross street/directions to job site:	Number of bedrooms: Number of bathrooms:				
	1111 2011 4114 1111001	•	Total number of floors:		
Subdivision:	Lot no. TL 1	00 lax!map/ D216217	New dwelling area:		square feet
Description of we		00 rax!map/ R316317	Garage/carport area:		square feet
Description of wo		1 1 1	Covered porch area:		square feet
Demolition of building			Deck area:		square feet
Building 41 will be dem	iolished as part of Sequ	ience #4 of 1st phase.	Other structure area:		square feet
			Required Data: C	ommercial Use	
			Permit fees* are based on the value of the work per- formed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.		
Provide RS Permit no.					
X Property owner	Tenant	via Ovanlaa aaaaaaaa	Valuation:	6434	
Name: ESCO Corp		vis.Quarles@escocorp.com	Existing building area:	1,200	square feet
Address: 2141 NW 25th A	.ve		New building area:	0	square feet
City/State/ZIP: Portland, OF	R 97210		Number of stories:	1	
Phone: 503.778.6493	FAX: 503	3.778.6360	Type of construction:	wood, steel & cor	ncrete
	being made on property that I own, v	vhich is not intended for sale, lease, rent,	Occupancy groups		
or exchange. Owner signature:		Date:	Existing:		
X Contractor		Date.	New:		
Business name:NWDD	F-mail: cho	offart@nwdemolition.com	Notice	ulboontractors are required t	o ho
Business name:NWDD E-mail: choffart@nwdemolition.com Address: P.O. Box 230819			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.		
THE PROPERTY OF THE PROPERTY O					
City/State/ZIP: Tigard, OR 9				I certify that the facts and info	rmation
Phone: 503.638.6900 FAX: 503.620.1708		set forth in this application are true and complete to the best of my knowledge. I understand that any falsification,			
CCB lic. no. 48263		misrepresentation or omission of fact (whether intentional or			
Authorized signature:				or any other required docume tement or omission, may be c	
Print name: Chad Hoffart Date: 9/25/17			revocation of permit and/or certificate of occupancy, regardless of how or when discovered.		
X Applicant	Contact	: Person		ork related to this Building Per	mit
	Demolition and Dism		Application may be su	ubject to regulations governing	the
			handling, removal and/or disposal of asbestos and/or lead- based paint. If the work is subject to regulations governing asbestos and/or lead-based paint, I will comply with all such regulations (initials)		
Address: P.O. Box 2308			Building Permit F	*	
City/State/ZIP: Tigard, OR S		Please refer to fee			
Phone: 503.638.3900	FAX: 503.	Fees due upon a	application		
E-mail: CHoffart@n	wdemolition.com	Amount received			
Authorized all and a limit of	1 12		Dat	e received	-
Authorized signature: Chad Hoffs	art	Date: 9/25/17		tion expires if a permit is no	





Chad Hoffart

Print name:

Building Permit Application

City of Portland, Oregon - Bureau of Development Services

 $17-249381-\omega$ Planment Services DMO-01

1900 SW 4th Avenue, Portland, Oregon 97201 • 503-823-7300 • TTY 503-823-6868 • www.portlandoregon.gov/bds Type of work Office Use Only Permit no: ■ New construction ☐ Addition/alteration/replacement Demolition Other: Date received: Category of construction ☐ 1 & 2 family dwelling ☐ Commercial/industrial ☐ Accessory building ■ Multifamily ☐ Master builder Other: Required Data: One and Two Family Dwelling Permit fees* are based on the value of the work per-Job site information and location formed. Indicate the value (rounded to the nearest dollar) Job address: 2141 NW 25th Ave Job no.: of all equipment, materials, labor, overhead, and the profit for the work indicated on this application. City/State/ZIP: Portland, OR 97210 Valuation: Project name: ESCO Plant 1 demolition-Phase 1 Suite/bldg./apt. no.: Number of bedrooms: Cross street/directions to job site: NW 25th and Wilson Number of bathrooms Total number of floors Subdivision Lot no.TL 100 Tax!map/ New dwelling area: square feet R316317 Garage/carport area square fee Description of work square feet Covered porch area Demolition of building 42 to slab. No soil disturbance this phase. Deck area square feet Building 42 will be demolished as part of Sequence #1 of 1st phase. Other structure area: square fee Required Data: Commercial Use Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) Provide RS Permit no of all equipment, materials, labor, overhead, and the profit for the work indicated on this application. X Property owner **Tenant** 010 Valuation E-mail: Travis.Quarles@escocorp.com Name: ESCO Corp Existing building area: square feet Address: 2141 NW 25th Ave New building area square fee City/State/ZIP: Portland, OR 97210 1-2 Number of stories wood, steel & concrete 503.778.6360 Phone: 503.778.6493 FAX: Type of construction: Occupancy groups Owner installation: This installation is being made on property that I own, which is not intended for sale, lease, rent, Existing Owner signature: Date: New X Contractor **Notice** Business name: NWDD E-mail: choffart@nwdemolition.com All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board Address: P.O. Box 230819 under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed City/State/ZIP: Tigard, OR 97284 Statement of Fact: I certify that the facts and information Phone: 503,638,6900 503.620.1708 set forth in this application are true and complete to the best of my knowledge. I understand that any falsification, CCB lic. no. 48263 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 Authorized signature: revocation of permit and/or certificate of occupancy, regardless Chad Hoffart 9/25/17 Print name: Date: of how or when discovered. X Applicant I acknowledge that work related to this Building Permit **Contact Person** Application may be subject to regulations governing the Business name: Northwest Demolition and Dismantling handling, removal and/or disposal of asbestos and/or leadbased paint. If the work is subject to regulations governing **Chad Hoffart** Contact name: asbestos and/or lead-based paint, I will comply with all such regulations. (initials) Address: P.O. Box 230819 **Building Permit Fees'** City/State/ZIP: Tigard, OR 97284 Please refer to fee schedule Phone: 503.638.3900 503.620.1708 FAX: Fees due upon application CHoffart@nwdemolition.com E-mail: Amount received Date received Authorized signature

9/25/17

This permit application expires if a permit is not obtained

within 180 days after it has been accepted as complete.





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.portlandoregon.gov/bds

ent Services 23-6868 · www.portlandoregon.gov/bds	17-2495	32-60
	nt Services 3-6868 • www.portlandoregon.gov/bds	DM0-01

Type of work				Office Use Only		
☐ New construction ☐	Addition/alteration/re	eplacement		Permit no:		
Demolition Other:			Date received:			
Category of construction				Ву:		
☐ 1 & 2 family dwelling ☐ Commerci	al/industrial	Accessory bu	uilding			
☐ Multifamily ☐ Master bui	lder	Other:		Required Data: C	ne and Two Family Dwelling	
Job site information and location				Permit fees* are based on the value of the work per-		
Job no.: Job address: 2300 N	JW 26TH AVE	2		formed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.		
City/State/ZIP: Portland, OR 97210				Valuation:	d on the approaton.	
Suite/bldg./apt. no.: Project name	n-Phase 1	Number of bedrooms:				
Cross street/directions to job site: NW 25th	Number of bathrooms:					
	Total number of floors:					
Subdivision:	Let no TI 1700	Tax!map/	R316380	New dwelling area:	square feet	
Description of work	Lot no.TL 1700	i ax:iiiapi	1310300	Garage/carport area:	square feet	
Demolition of building 43 to slab	No soil distur	bance this r	phase.	Covered porch area:	square feet	
Building 43 will be demolished as				Deck area:	square feet	
	purt of ocquer.		Pridoc.	Other structure area:	square feet	
				Required Data: C		
				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.		
Provide RS Permit no.						
X Property owner	Tenant	Ouerlanda		Valuation:	145.614	
Name: ESCO Corp	E-mail: Travis	es.@e	escocorp.com	Existing building area:	38,200 square feet	
Address: 2141 NW 25th Ave				New building area:	0 square feet	
City/State/ZIP: Portland, OR 97210				Number of stories:	1	
Phone: 503.778.6493	FAX: 503.77	78.6360		Type of construction:	wood, steel & concrete	
Owner installation: This installation is being made on p	roperty that I own, which	n is not intended for	r sale, lease, rent,	Occupancy groups		
or exchange. Owner signature:		Da	ate:	Existing:		
X Contractor				New:		
Business name:NWDD	E-mail: choffa	rt@nwdem	olition.com		subcontractors are required to be	
Business name:NWDD E-mail: choffart@nwdemolition.com Address: P.O. Box 230819				licensed with the Oregon Construction Contractors Board		
City/State/ZIP: Tigard, OR 97284				under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed.		
	J 502 (20.1700			I certify that the facts and information	
Phone: 503.638.6900 FAX: 503.620.1708				set forth in this application are true and complete to the best of my knowledge. I understand that any falsification,		
CCB lic. no. 48263				The same of the sa	omission of fact (whether intentional or or any other required document, as well	
Authorized signature:				as any misleading sta	tement or omission, may be cause for	
Print name: Chad Hoffart	Da	ate: 9/25/1	7	of how or when disco	and/or certificate of occupancy, regardless vered.	
X Applicant	Contact Pe				ork related to this Building Permit	
Business name: Northwest Demolition and Dismantling			Application may be subject to regulations governing the handling, removal and/or disposal of asbestos and/or lead-based paint. If the work is subject to regulations governing asbestos and/or lead-based paint, I will comply with all such			
Contact name: Chad Hoffart						
Address: P.O. Box 230819	regulations (initials)					
City/State/ZIP: Tigard, OR 97284				Building Permit Fees* Please refer to fee schedule		
Phone: 503.638.3900	Fees due upon					
E-mail: CHoffart@nwdemoliti	on.com			Amou	nt received	
Authorized sizesture.		1		Dat	te received	
Authorized signature: Chad Hoffart Print name:		ate: 9/25/	17		tion expires if a permit is not obtained	