City of Forest Grove

For Inspections
Call the 24 Hour Inspection Line
(503-992-3206)

BUILDING PERMIT

PERMIT NO.: **BLD03-00250**
APPLIED: **12/31/2003**
ISSUED: **1/16/2004**
EXPIRES: **7/16/2004**

SITE ADDRESS: **1335 34TH PL**

ASSESSOR'S PARCEL NO.: **1N425CA-02100**

PROJECT DESCRIPTION: **NEW SFR/LOT 21/OAK HILL SETTLEMENT/HAWTHORNE D**

OWNER/APPLICANT	CONTRACTOR
	SKYLINE DEVELOPMENT **2020 SW 8TH AVE., PMB332** **WEST LINN OR 97068** **67533**

TYPE OF WORK: **NEW**
TYPE OF USE: **SF**
CENSUS CATEGORY:
ZONING:

Occupancy Groups

1:	2:
3:	4:

Construction Types

1:	2:
3:	4:

AREA

LOT:	**0 sf**
1ST FLR:	**0 sf**
2ND FLR:	**0 sf**
BASEMENT:	**0 sf**
GAR/CARPORT:	**0 sf**
OTHER:	**0 sf**

NUMBER OF UNITS:	**0**
STORIES:	**0**
BUILDING HEIGHT:	**0 ft**

VALUE: **$189,864.00**

REQUIRED SETBACKS:

FRONT:	**20.00 ft**
SIDE 1:	**6 ft**
SIDE 2:	**6 ft**
REAR:	**30 ft**

REQUIRED PARKING

TOTAL:	**4**
HANDICAPPED:	**0**
COMPACT:	**0**
IMPRV SURF:	**0 sf**

FEES

Type	By	Date	Amount
SITE	LVW	12/31/2003	$228.00
PRMT	LVW	1/16/2004	$1,378.35
PLAN	LVW	12/31/2003	$895.93
SUCH	LVW	1/16/2004	$110.27
EXCA	LVW	1/16/2004	$21.25
(additional fees not shown here)		**Total:**	**$12,944.80**

NOTES:

I hereby acknowledge that I have read this permit and state that the above information is correct, and agree to comply with all ordinances and state and federal laws regulating activities covered by this permit.

Issued by

Applicant or Owner's Signature

CONDITIONS OF APPROVAL:

1 **INSTALL CONSTRUCTION ACCESS - 8" MINIMUM DEPTH BASE ROCK PAD, 20' MINIMUM LENGTH AND V**
DO NOT TRACK MUD ONTO STREETS

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ISSUED: **1/16/2004**
EXPIRES: **7/16/2004**

2 **INSTALL EROSION CONTROL FENCING AS REQUIRED PER CLEAN WATER SERVICES STANDARD SPECIFICATIONS.**
3 **PIPE ALL ROOF WATER THROUGH 3" MINIMUM DIAMETER PIPE PER UNIFORM PLUMBING CODE AND THROUGH CURB WEEP HOLES TO STREET PER CITY STANDARD SPECIFICATIONS.**
4 **INSTALL CONCRETE SIDEWALK AND DRIVE APPROACH PER CITY STANDARD SPECIFICATIONS.**
5 **THE STREET ADDRESS SHALL BE DISPLAYED IN A PROMINENT POSITION NEAR THE ENTRANCE TO TI BUILDING. NUMBERS SHALL BE AT LEAST 4 INCHES HIGH, OF A CONTRASTING COLOR AND VISIBLE THE STREET. MUNICIPAL CODE SECTION 9.215**
6 **ONE STREET TREE TO BE PLANTED IN PARKWAY. INSTALLATION TO BE COMPLETED BY THE CITY.**

24 Hour Notice Required For All Inspections

City of Forest Grove

For Inspections
Call the 24 Hour Inspection Line
(503-992-3206)

MECHANICAL PERMIT

PERMIT NO.: **MEC03-00224**
ISSUED: **1/16/2004**
APPLIED: **12/31/2003**
EXPIRES: **7/16/2004**

SITE ADDRESS: **1335 34TH PL**
ASSESSOR'S PARCEL NO.: **1N425CA-02100**
TYPE OF WORK: **NEW**
TYPE OF USE: **SFD**
PROJECT DESCRIPTION: **NEW SFR/LOT 21/OAK HILL SETTLEMENT/HAWTHORNE D 5 BED-2 1/2 BATH**

OWNER/APPLICANT	CONTRACTOR
SKYLINE DEVELOPMENT 2020 SW 8TH AVE., PMB332 WEST LINN OR 97068	BELL HEATING 15550 SE PIAZZA AVE CLACKAMAS OR 97015 67533

Equipment

Type of Equipment	Quantity
Clothes Dryers	1.00
Exhaust Hoods	1.00
Fireplace	1.00
Gas Outlets	4.00
Heat Pump	1.00
Furnaces Under 100,000	1.00
Ventilation Fans	5.00
Water Heater Vent	1.00

Fees

Type	By	Date	Amount
PRMT	**RMM**	**1/16/2004**	**$87.70**
SUCH	**RMM**	**1/16/2004**	**$7.02**
		Total:	**$94.72**

NOTES:

I hereby acknowledge that I have read this permit and state that the above information is correct, and agree to comply with all ordinances and state and federal laws regulating activities covered by this permit.

Issued By:

Applicant or Owner's Signature

24 Hour Notice Required For All Inspections

CONDITIONS OF APPROVAL:

City of Forest Grove

For Inspection
Call the 24 Hour Inspection Line
(503-992-3206)

PLUMBING PERMIT

PERMIT NO.: **PLM03-00277**
APPLIED: **12/31/2003**
ISSUED: **1/16/2004**
EXPIRES: **7/16/2004**

SITE ADDRESS: **1335 34TH PL**
ASSESSOR'S PARCEL NO.: **1N425CA-02100**
TYPE OF WORK: **New**
TYPE OF USE: **Single Family Residential**
PROJECT DESCRIPTION: **NEW SFR/LOT 21/OAK HILL SETTLEMENT/HAWTHORNE D**

OWNER/APPLICANT	CONTRACTOR
SKYLINE DEVELOPMENT 2020 SW 8TH AVE., PMB332 WEST LINN OR 97068	MORAN'S PLUMBING 17577 S HATTAN RD OREGON CITY OR 97045 74491

Plumbing Fixtures

Fixture Type	Quantity

Fees

Type	By	Date	Amount
PRMT	**RMM**	**1/16/2004**	**$386.25**
SUCH	**RMM**	**1/16/2004**	**$30.90**
		Total:	**$417.15**

NOTES:

I hereby acknowledge that I have read this permit and state that the above information is correct, and agree to comply with all ordinances and state and federal laws regulating activities covered by this permit.

Issued by

Applicant or Owner's Signature

CONDITIONS OF APPROVAL :
1)

(1) Tree ✓

city of forest grove

COMMUNITY DEVELOPMENT DEPARTMENT
Building and Code Enforcement

INSPECTION REQUEST

503-992-3206

Site Address 1335 34th PL

Contractor _____

Phone Number _____

Scheduled Inspection Date 4/5/04

Mon ☒ Tues ☐ Wed ☐ Thurs ☐ Fri ☐

AM ○ PM ○ other _____

Permit Number BLD03-00250

BUILDING

__ Footing / Pier
__ Foundation Wall
__ Underfloor (P & B)
__ Shear
__ Framing
__ Insulation
__ Approach/Sidewalk
__ Other
X Planning
__ Final

PLUMBING

__ Underfloor (P & B)
__ Top Out (Rough)
__ Water Line
__ Rain/Crawl Drains
__ Storm Drainage
__ Sanitary Sewer
__ Backflow Device
__ Water Heater
__ Other
__ Final

MECHANICAL

__ Gas Piping
__ Underfloor (P & B)
__ Rough Mechanical
__ HVAC (Final)
__ Other

MANUFACTURED HOME

__ M/H Set-Up
__ M/H Mechanical
__ M/H Water/Sewer
__ M/H Electrical Feeder
__ M/H Final
__ Other

Comments: _____

☒ APPROVED

☐ NOT APPROVED
(REINSPECTION REQUIRED)

☐ APPROVED AFTER CORRECTIONS
(NO REINSPECTION REQUIRED)

☐ STOP WORK

CORRECTIONS: _____

POSTED

Date: 4/5/04 Inspector: [signature]

city of forest grove

COMMUNITY DEVELOPMENT DEPARTMENT
Building and Code Enforcement

INSPECTION REQUEST
503-992-3206

Site Address 1335 34th PL

Contractor _____

Phone Number _____

Scheduled Inspection Date 4/1/04

Mon ☐ Tues ☐ Wed ☐ Thurs ☑ Fri ☐

AM ○ PM ○ other _____

Permit Number BLD03-00250

BUILDING
- __ Footing / Pier
- __ Foundation Wall
- __ Underfloor (P & B)
- __ Shear
- __ Framing
- __ Insulation
- __ Approach/Sidewalk
- X Other Public Works
- __ Planning
- __ Final

PLUMBING
- __ Underfloor (P & B)
- __ Top Out (Rough)
- __ Water Line
- __ Rain/Crawl Drains
- __ Storm Drainage
- __ Sanitary Sewer
- __ Backflow Device
- __ Water Heater
- __ Other
- __ Final

MECHANICAL
- __ Gas Piping
- __ Underfloor (P & B)
- __ Rough Mechanical
- __ HVAC (Final)
- __ Other

MANUFACTURED HOME
- __ M/H Set-Up
- __ M/H Mechanical
- __ M/H Water/Sewer
- __ M/H Electrical Feeder
- __ M/H Final
- __ Other

Comments: _____

☑ APPROVED

☐ NOT APPROVED (REINSPECTION REQUIRED)

☐ APPROVED AFTER CORRECTIONS (NO REINSPECTION REQUIRED)

☐ STOP WORK

CORRECTIONS: _____

POSTED

Date: 4-1-04 Inspector: P Donnell

city of forest grove

COMMUNITY DEVELOPMENT DEPARTMENT
Building and Code Enforcement

INSPECTION REQUEST
503-992-3206

Site Address 1335 34th PL
Contractor Dave
Phone Number 997.3656

Scheduled Inspection Date 4/1/04
Mon ☐ Tues ☐ Wed ☐ Thurs ☒ Fri ☐
AM ○ PM ○ other
Permit Number PLM 03-00277

BUILDING	PLUMBING	MECHANICAL	MANUFACTURED HOME
__ Footing / Pier	__ Underfloor (P & B)	__ Gas Piping	__ M/H Set-Up
__ Foundation Wall	__ Top Out (Rough)	__ Underfloor (P & B)	__ M/H Mechanical
__ Underfloor (P & B)	__ Water Line	__ Rough Mechanical	__ M/H Water/Sewer
__ Shear	__ Rain/Crawl Drains	__ HVAC (Final)	__ M/H Electrical Feeder
__ Framing	__ Storm Drainage	__ Other	__ M/H Final
__ Insulation	__ Sanitary Sewer		__ Other
__ Approach/Sidewalk	__ Backflow Device		
__ Other	__ Water Heater		
__ Planning	__ Other		
__ Final	X Final		

Comments:

☐ APPROVED

☒ ~~NOT APPROVED~~ ~~(REINSPECTION REQUIRED)~~

☒ APPROVED AFTER CORRECTIONS (NO REINSPECTION REQUIRED)

☐ STOP WORK

CORRECTIONS:
1. sink in Hall Bath Leaks
2. tub/shower in Hall Bath to Hot
3. master shower to Hot also

PASSED

Date: 4/1/04 Inspector:

city of forest grove

COMMUNITY DEVELOPMENT DEPARTMENT
Building and Code Enforcement

INSPECTION REQUEST
503-992-3206

Site Address 1335 34th PL

Contractor Dave

Phone Number 997-3656

Scheduled Inspection Date 4/1/04

Mon ☐ Tues ☐ Wed ☐ Thurs ☒ Fri ☐

AM ○ PM ○ other _____

Permit Number MECO3-00224

BUILDING
- __ Footing / Pier
- __ Foundation Wall
- __ Underfloor (P & B)
- __ Shear
- __ Framing
- __ Insulation
- __ Approach/Sidewalk
- __ Other
- __ Planning
- __ Final

PLUMBING
- __ Underfloor (P & B)
- __ Top Out (Rough)
- __ Water Line
- __ Rain/Crawl Drains
- __ Storm Drainage
- __ Sanitary Sewer
- __ Backflow Device
- __ Water Heater
- __ Other
- __ Final

MECHANICAL
- __ Gas Piping
- __ Underfloor (P & B)
- __ Rough Mechanical
- X HVAC (Final)
- __ Other

MANUFACTURED HOME
- __ M/H Set-Up
- __ M/H Mechanical
- __ M/H Water/Sewer
- __ M/H Electrical Feeder
- __ M/H Final
- __ Other

Comments: _____

☐ APPROVED

☑ NOT APPROVED
(REINSPECTION REQUIRED)

☐ APPROVED AFTER CORRECTIONS
(NO REINSPECTION REQUIRED)

☐ STOP WORK

CORRECTIONS: _____

RSHD

Date: 4/1/04

Inspector: _____

city of forest grove

COMMUNITY DEVELOPMENT DEPARTMENT
Building and Code Enforcement

INSPECTION REQUEST
503-992-3206

Site Address 1335 34th PL

Contractor Dave

Phone Number 997-3656

Scheduled Inspection Date 4/1/04

Mon ☐ Tues ☐ Wed ☐ Thurs ☒ Fri ☐

AM ○ PM ○ other _____

Permit Number BLD03-250

BUILDING
- __ Footing / Pier
- __ Foundation Wall
- __ Underfloor (P & B)
- __ Shear
- __ Framing
- __ Insulation
- __ Approach/Sidewalk
- __ Other
- __ Planning
- X Final

PLUMBING
- __ Underfloor (P & B)
- __ Top Out (Rough)
- __ Water Line
- __ Rain/Crawl Drains
- __ Storm Drainage
- __ Sanitary Sewer
- __ Backflow Device
- __ Water Heater
- __ Other
- __ Final

MECHANICAL
- __ Gas Piping
- __ Underfloor (P & B)
- __ Rough Mechanical
- __ HVAC (Final)
- __ Other

MANUFACTURED HOME
- __ M/H Set-Up
- __ M/H Mechanical
- __ M/H Water/Sewer
- __ M/H Electrical Feeder
- __ M/H Final
- __ Other

Comments: LOCKBOX

FUN

☐ APPROVED

☐ NOT APPROVED (REINSPECTION REQUIRED)

☒ APPROVED AFTER CORRECTIONS (NO REINSPECTION REQUIRED)

☐ STOP WORK

CORRECTIONS: Seal around Furnace gas & Vent pipes

POSTED

Date: 4/1/04 Inspector: [signature]

WASHINGTON COUNTY, OREGON

DEPARTMENT OF LAND USE & TRANSPORTATION
BUILDING SERVICES DIVISION #350-12
155 NORTH FIRST AV., HILLSBORO, OR 97124
PHONE: 503/846-3470
INSPECTION REQUESTS (24 hours): 503/846-3699

Permit #: 05177144 Project #: P0118154 Status: APPROVED

Issued: 2/23/04 Expires: 2/22/06 Req. Date: 3/31/04

Composition Type: RESELEC Construction Type:

Permit Title: Residential Electrical Applied Date: 2/20/04

Description: SFR - NEW HOUSE ELECTRIC
OAK HILLS LOT 21

Address: 1335 34TH PL, FOREST GROVE

Location:

Occ:

Parcel: 1N425CA02100

Owner Name: Phone:

Applicant Name: NORTHSIDE ELECTRIC Phone: 1-503-585-4879

Contractor: NORTHSIDE ELECTRIC Phone: 1-503-585-487

Inspector Comments:

Approved X
Denied
Partial

APPROVED 499

NOTE There IS NO HOT TUB
INSTALLED AT TIME of THIS SERVICE

Outstanding Permits

Inspected By: [signature] Date: 3-31-04

****** Items Requested to be Inspected ******

Item #	Inspection Description	Requestor				
499 AM	Final Electrical	DatEx-Voice 247896* Request for insp.# 499	PA	AP	DN	IVR

Matthew Spradlin
Washington County
Electrical Inspector
503-846-3707

********** Inspection History **********

Item #	Description	Insp. Date	Inspector	Approval
403	Cover & Service	3/1/04	MS	AP
	Comments: IVRS - Inspection :0000*			

ALL CORRECTIONS MUST BE MADE WITHIN 20 DAYS.

This home has been professionally insulated with

Advanced ThermaCube Plus® Loose Fill Insulation

(Job Site Address)

Name Skyline Dev-

Address 1335 34th Pl.

City Forest Grove *State* *Zip*

Advanced ThermaCube Plus® Loose Fill Insulation 03M04269

Stated R-Value is provided by installing the required number of bags per 1,000 sq. ft. at a thickness not less than the label minimum thickness. Installation of the required number of bags may yield more than the specified minimum thickness and minimum sq. ft. weight. Failure by the installer to provide both the required bags and at least the minimum thickness will result in lower insulation R-Value.

Specification For Open Blow Attics

New construction 38
Retrofit
Number of bags used 6
Estimated R-value of previous insulation
Area of coverage (sq. ft.) 510
Other type(s) of insulation in attic
Thickness of insulation 16"
Depth of previous insulation

Nominal net weight of insulation per bag is 35 lbs.

R-VALUE* To obtain an insulation resistance R of:	BAGS PER 1000 SQ.FT. No. of bags per 1000 sq.ft. of net area shall not be less than:	MAXIMUM NET COVERAGE Contents of this bag should not cover more than:	MINIMUM WEIGHT SQ.FT. Weight per sq.ft. of installed insulation should not be less than:	MINIMUM THICKNESS Installed insulation should not be less than:
R-49	26.3	38 Sq.Ft.	0.922	20½ In.
R-44	23.3	43 Sq.Ft.	0.822	18½ In.
R-38	20.0	50 Sq.Ft.	0.705	16 In.
R-30	15.8	64 Sq.Ft.	0.550	12¾ In.
R-26	13.5	74 Sq.Ft.	0.474	11 In.
R-22	11.4	88 Sq.Ft.	0.399	9½ In.
R-19	9.8	102 Sq.Ft.	0.343	8¼ In.
R-11	5.6	178 Sq.Ft.	0.197	4¾ In.

* The higher the R-Value, the greater the insulating power. Ask your seller for the fact sheet on R-Values.
Loose fill insulations vary in thermal performance due to factors such as aging, mean temperature, settlement, convection, moisture absorption and installation variation. Convection in glass loose-fill insulation installed in open attics can reduce its thermal performance at extreme winter temperatures during the heating season.

Blanket Insulation

Blanket and batt fiber glass insulation when installed according to the manufacturer's recommendations will provide the stated R-Value.

R-VALUE To obtain an insulation resistance R of:	R-38	R-38C	R-30	R-30C	R-25	R-22	R-21	R-19	R-15	R-13	R-11
MINIMUM THICKNESS Installed insulation should be:	12"	10¼"	9½"	8¼"	8"	6¾"	5½"	6¼"†	3½"	3½"	3½"

†R-18 in a 5½" cavity

THE FOLLOWING PRODUCTS HAVE BEEN INSTALLED AS SPECIFIED ABOVE:

	kraft	unfaced	foil	FS-25	R-Value	Thickness	No. Pkgs.	Coverage Area
Ceilings	☐	☐	☐	☐				
Floors	☐	☒	☐	☐	25			
Walls	☒	☐	☐	☐	21			
Basement	☐	☐	☐	☐				
Crawl	☐	☐	☐	☐				

Contractor *Signature* *Date* 3/31/04
Company Four Star Insulation
Address Oregon City
Phone 503-650-8193

Builder *Signature* *Date*
Company
Address
Phone

RECEIVED

city of forest grove

COMMUNITY DEVELOPMENT DEPARTMENT
Building and Code Enforcement

INSPECTION REQUEST
503-992-3206

Site Address 1335 34TH PL

Contractor _____

Phone Number 997-3656

Scheduled Inspection Date 3-3-04

Mon ☐ Tues ☐ Wed ☒ Thurs ☐ Fri ☐

AM ○ PM ○ other _____

Permit Number MECH3-00224

BUILDING	PLUMBING	MECHANICAL	MANUFACTURED HOME
__ Footing / Pier	__ Underfloor (P & B)	X Gas Piping	__ M/H Set-Up
__ Foundation Wall	__ Top Out (Rough)	__ Underfloor (P & B)	__ M/H Mechanical
__ Underfloor (P & B)	__ Water Line	X Rough Mechanical	__ M/H Water/Sewer
__ Shear	__ Rain/Crawl Drains	__ HVAC (Final)	__ M/H Electrical Feeder
__ Framing	__ Storm Drainage	__ Other	__ M/H Final
__ Insulation	__ Sanitary Sewer		__ Other
__ Approach/Sidewalk	__ Backflow Device		
__ Other	__ Water Heater		
__ Planning	__ Other		
__ Final	__ Final		

Comments: tag # 467911

☒ APPROVED

☐ NOT APPROVED (REINSPECTION REQUIRED)

☐ APPROVED AFTER CORRECTIONS (NO REINSPECTION REQUIRED)

☐ STOP WORK

CORRECTIONS: _____

POSTED

Date: 3-3-04 Inspector: _____

city of forest grove

COMMUNITY DEVELOPMENT DEPARTMENT
Building and Code Enforcement

INSPECTION REQUEST
503-992-3206

Site Address 1335 34th PL

Contractor Dave

Phone Number

Scheduled Inspection Date 3-3-04

Mon ☐ Tues ☐ Wed ☒ Thurs ☐ Fri ☐

AM ○ PM ○ other

Permit Number 03-0025D

BUILDING
- __ Footing / Pier
- __ Foundation Wall
- __ Underfloor (P & B)
- X Shear
- X Framing
- __ Insulation
- __ Approach/Sidewalk
- __ Other
- __ Planning
- __ Final

PLUMBING
- __ Underfloor (P & B)
- __ Top Out (Rough)
- __ Water Line
- __ Rain/Crawl Drains
- __ Storm Drainage
- __ Sanitary Sewer
- __ Backflow Device
- __ Water Heater
- __ Other
- __ Final

MECHANICAL
- __ Gas Piping
- __ Underfloor (P & B)
- __ Rough Mechanical
- __ HVAC (Final)
- __ Other

MANUFACTURED HOME
- __ M/H Set-Up
- __ M/H Mechanical
- __ M/H Water/Sewer
- __ M/H Electrical Feeder
- __ M/H Final
- __ Other

Comments:

☑ APPROVED

☐ NOT APPROVED (REINSPECTION REQUIRED)

☐ APPROVED AFTER CORRECTIONS (NO REINSPECTION REQUIRED)

☐ STOP WORK

CORRECTIONS:

POSTED

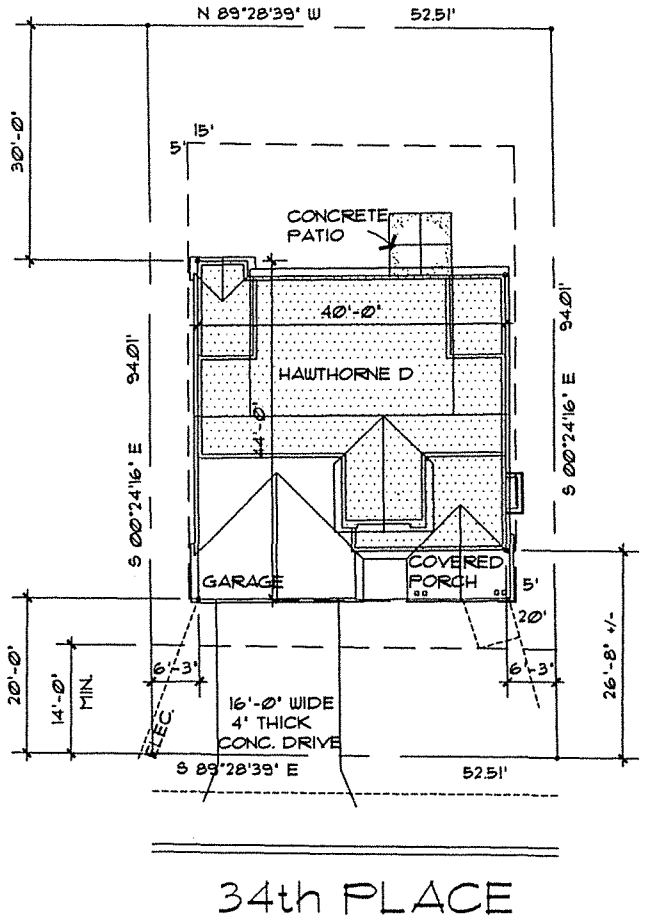
Date: 3-3-04

Inspector:

SITE PLAN GENERAL NOTES:

1. PROVIDE A MINIMUM 8" DEEP GRAVEL BASE FOR ALL DRIVEWAY AREAS.
2. MAXIMUM DRIVEWAY SLOPE SHOULD BE VERIFIED WITH THE BUILDING DEPARTMENT PRIOR TO CONSTRUCTION.
3. PROVIDE A MINIMUM 4" DEEP GRAVEL BASE FOR ALL SIDEWALK AND PATIO AREAS.
4. PIPE ALL STORM DRAINAGE FROM THE BUILDING TO A DISPOSAL POINT APPROVED BY THE BUILDING DEPARTMENT.
5. PROVIDE AND MAINTAIN POSITIVE DRAINAGE AWAY FROM BUILDING ON ALL SIDES.
6. THE BOUNDARY AND TOPOGRAPHY INFORMATION HAS BEEN PROVIDED TO POLLARD & HOSMAR DESIGNERS, INC. BY THE CONTRACTOR, OWNER, OR ENGINEERING CONSULTANT. POLLARD & HOSMAR DESIGNERS, INC. WILL NOT BE HELD LIABLE FOR THE ACCURACY OF THIS INFORMATION. IT IS THE SOLE RESPONSIBILITY OF THE CONTRACTOR TO VERIFY ALL SITE CONDITIONS INCLUDING ANY FILL PLACED ON THE SITE. THE CONTRACTOR MUST INFORM THIS OFFICE OF ANY POTENTIAL FIELD MODIFICATIONS NOT SPECIFIED ON THE PLANS.
7. NON-STABILIZED FILL MUST NOT EXCEED 2:1 SLOPE
8. EXCAVATION MATERIAL REMAINING ON SITE IS TO BE CONTAINED BY AN APPROVED SEDIMENT BARRIER. THE CONTRACTOR MUST VERIFY LOCATION WITH APPROPRIATE BUILDING OFFICIAL.
9. PROTECT STOCK PILES FROM OCTOBER 1st THRU APRIL 30th PER THE EROSION CONTROL HANDBOOK.
10. NO CUTTING OR FILLING SHALL TAKE PLACE WITHIN THE DRIPLINE OF AN EXISTING TREE UNLESS AN EXCEPTION IS APPROVED BY THE BUILDING DEPARTMENT.

OK
JR
12/31/03



LOT 21
4,936 S.F.

BUILDING FOOTPRINT = 1,576 SQ. FT.
AREA OF LOT = 4,936 SQ. FT. = 32% COVERAGE

SITE PLAN

1/16" = 1'-0"

CONTRACTOR:
SKYLINE DEVELOPMENT

LOT 21 OAK HILL
CITY OF FOREST GROVE, WASHINGTON COUNTY

POLLARD • HOSMAR • ASSOCIATES, INC. •
7128 S.W. GONZALES • SUITE 200 • TIGARD, OR 97223 • (503) 624-9251 • FAX (503) 624-9446 www.pollardhosmar.com

PH23-087

Building Permit Application

city of forest grove

City of Forest Grove
1924 Council Street/P.O. Box 326
Forest Grove, OR 97116-0326
Phone: (503) 992-3229 Fax: (503) 992-3202

Land use approval: _____

OFFICE USE ONLY		
Date received:	Permit no.: BUD03-00250	
Project/appl. no.:	Expire date:	
Date issued:	By:	Receipt no.:
Case file no.:	Payment type:	
1&2 family: Simple	Complex:	

BUD03-00250

TYPE OF PERMIT

☐ 1 & 2 family dwelling or accessory ☐ Commercial/industrial ☐ Multi-family ☑ New construction ☐ Demolition
☐ Addition/alteration/replacement ☐ Tenant improvement ☐ Fire sprinkler/alarm ☐ Other: _____

JOB SITE INFORMATION

Job address: 1335 34th Place | Bldg. no.: | Suite no.:
Lot: 21 | Block: | Subdivision: Oak Hill Settlement | Tax map/tax lot/account no.:
Project name:
Description and location of work on premises/special conditions: New res.

OWNER

Name: Skyline Development, Inc
Mailing address: 2020 SW 8th Ave PMB 332
City: West Linn | State: OR | ZIP: 97068
Phone: 503-992-8892 | Fax: 992-0921 | E-mail:
Owner's representative: David Huttula
Phone: (503) 519-5323 | Fax: 992-0921 | E-mail:

APPLICANT

Name: Same As Above
Mailing address:
City: | State: | ZIP:
Phone: | Fax: | E-mail:

CONTRACTOR

Business name: Same As Above
Address:
City: | State: | ZIP:
Phone: | Fax: | E-mail:
CCB no.: 67533
City/metro lic. no.:

ARCHITECT/DESIGNER

Name: Pollard Hosmar Assocaites
Address: 7128 SW Gonzaga St, Ste 200
City: Tigard | State: OR | ZIP: 97223
Contact person: Brad Hosmar | Plan no.:
Phone: (503) 624-9251 | Fax: 624-9466 | E-mail:

ENGINEER

Name: | Contact person:
Address:
City: | State: | ZIP:
Phone: | Fax: | E-mail:

FOR SPECIAL INFORMATION, USE CHECKLIST
(Floodplain, septic capacity, solar, etc.)

1 & 2 family dwelling:
Valuation of work ..... $ 272
No. of bedrooms/baths 5
Total number of floors 2
New dwelling area (sq. ft.) 1893
Garage/carport area (sq. ft.) 464
Covered porch area (sq. ft.) 120
Deck area (sq. ft.) .....
Other structure area (sq. ft.) .....

Commercial/industrial/multi-family:
Valuation of work ..... $
Existing bldg. area (sq. ft.) .....
New bldg. area (sq. ft.) .....
Number of stories .....
Type of construction .....
Occupancy group(s): Existing: _____ New: _____

Notice: All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under provisions of ORS 701 and may be required to be licensed in the jurisdiction where work is being performed. If the applicant is exempt from licensing, the following reason applies:

OFFICE USE ONLY

Fees due upon application ..... $
Date received: _____
Amount received ..... $
Please refer to fee schedule.

I hereby certify I have read and examined this application and the attached checklist. All provisions of laws and ordinances governing this work will be complied with, whether specified herein or not.

Authorized signature: _____ Date: 12-31-03
Print name: David Huttula

Notice: This permit application expires if a permit is not obtained within 180 day

6/00/COM)

LIGHT & POWER
NL - 1/5/04

Building Permit Application

city of forest grove

City of Forest Grove
1924 Council Street/P.O. Box 326
Forest Grove, OR 97116-0326
Phone: (503) 992-3229 Fax: (503) 992-3202

Land use approval: _____

OFFICE USE ONLY		
Date received:	Permit no.: BLD03-00250	
Project/appl. no.:	Expire date:	
Date issued:	By:	Receipt no.:
Case file no.: BLD03-00250	Payment type:	
1&2 family: Simple	Complex:	

TYPE OF PERMIT

☐ 1 & 2 family dwelling or accessory ☐ Commercial/industrial ☐ Multi-family ☑ New construction ☐ Demolition
☐ Addition/alteration/replacement ☐ Tenant improvement ☐ Fire sprinkler/alarm ☐ Other: _____

JOB SITE INFORMATION

Job address: 1335 34th Place | Bldg. no.: | Suite no.:
Lot: 21 | Block: | Subdivision: Oak Hill Settlement | Tax map/tax lot/account no.:
Project name:
Description and location of work on premises/special conditions: New res.

OWNER

Name: Skyline Development, Inc
Mailing address: 2020 SW 8th Ave PMB 332
City: West Linn | State: OR | ZIP: 97068
Phone: 503-992-8892 | Fax: 992-0921 | E-mail:
Owner's representative: David Huttula
Phone: (503) 519-5323 | Fax: 992-0921 | E-mail:

APPLICANT

Name: Same As Above
Mailing address:
City: | State: | ZIP:
Phone: | Fax: | E-mail:

CONTRACTOR

Business name: Same As Above
Address:
City: | State: | ZIP:
Phone: | Fax: | E-mail:
CCB no.: 67533
City/metro lic. no.:

ARCHITECT/DESIGNER

Name: Pollard Hosmar Assocaites
Address: 7128 SW Gonzaga St, Ste 200
City: Tigard | State: OR | ZIP: 97223
Contact person: Brad Hosmar | Plan no.:
Phone: (503) 624-9251 | Fax: 624-9466 | E-mail:

ENGINEER

Name: | Contact person:
Address:
City: | State: | ZIP:
Phone: | Fax: | E-mail:

FOR SPECIAL INFORMATION, USE CHECKLIST
(Floodplain, septic capacity, solar, etc.)

1 & 2 family dwelling:
Valuation of work ..... $
No. of bedrooms/baths 3 2½
Total number of floors 2
New dwelling area (sq. ft.) 1890
Garage/carport area (sq. ft.) 464
Covered porch area (sq. ft.) 120
Deck area (sq. ft.) .....
Other structure area (sq. ft.) .....

Commercial/industrial/multi-family:
Valuation of work ..... $
Existing bldg. area (sq. ft.) .....
New bldg. area (sq. ft.) .....
Number of stories .....
Type of construction .....
Occupancy group(s): Existing:
New:

Notice: All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under provisions of ORS 701 and may be required to be licensed in the jurisdiction where work is being performed. If the applicant is exempt from licensing, the following reason applies:

_____

_____

OFFICE USE ONLY

Fees due upon application ..... $
Date received: _____
Amount received ..... $
Please refer to fee schedule.

I hereby certify I have read and examined this application and the attached checklist. All provisions of laws and ordinances governing this work will be complied with, whether specified herein or not.

Authorized signature: _____ Date: 12-31-03

Print name: David Huttula

Notice: This permit application expires if a permit is not obtained within 180 days a... /COM)

BUILDING

Building Permit Application

City of Forest Grove
1924 Council Street/P.O. Box 326
Forest Grove, OR 97116-0326
Phone: (503) 992-3229 Fax: (503) 992-3202

RECEIVED
JAN 02 2004
FOREST GROVE ENGINEER

Land use approval: _____

OFFICE USE ONLY			
Date received:		Permit no.:	BUD03-00250
Project/appl. no.:		Expire date:	
Date issued:		By:	Receipt no.:
Tax/file no.:		Payment type:	
1&2 family: Simple		Complex:	

BUD03-00250

TYPE OF PERMIT

☐ 1 & 2 family dwelling or accessory ☐ Commercial/industrial ☐ Multi-family ☑ New construction ☐ Demolition
☐ Addition/alteration/replacement ☐ Tenant improvement ☐ Fire sprinkler/alarm ☐ Other: _____

JOB SITE INFORMATION

Job address: 1335 34th Place | Bldg. no.: | Suite no.:
Lot: 21 | Block: | Subdivision: Oak Hill Settlement | Tax map/tax lot/account no.:
Project name:
Description and location of work on premises/special conditions: New Res.

OWNER

Name: Skyline Development, Inc
Mailing address: 2020 SW 8th Ave PMB 332
City: West Linn | State: OR | ZIP: 97068
Phone: 503-992-8892 | Fax: 992-0921 | E-mail:
Owner's representative: David Huttula
Phone: (503) 519-5323 | Fax: 992-0921 | E-mail:

APPLICANT

Name: Same As Above
Mailing address:
City: | State: | ZIP:
Phone: | Fax: | E-mail:

CONTRACTOR

Business name: Same As Above
Address:
City: | State: | ZIP:
Phone: | Fax: | E-mail:
CCB no.: 67533
City/metro lic. no.:

ARCHITECT/DESIGNER

Name: Pollard Hosmar Assocaites
Address: 7128 SW Gonzaga St, Ste 200
City: Tigard | State: OR | ZIP: 97223
Contact person: Brad Hosmar | Plan no.:
Phone: (503) 624-9251 | Fax: 624-9466 | E-mail:

ENGINEER

Name: | Contact person:
Address:
City: | State: | ZIP:
Phone: | Fax: | E-mail:

FOR SPECIAL INFORMATION, USE CHECKLIST
(Floodplain, septic capacity, solar, etc.)

1 & 2 family dwelling:
Valuation of work ..... $ _____
No. of bedrooms/baths 3 2½
Total number of floors 2
New dwelling area (sq. ft.) 1893
Garage/carport area (sq. ft.) 464
Covered porch area (sq. ft.) 120
Deck area (sq. ft.) ..... _____
Other structure area (sq. ft.) ..... _____

Commercial/industrial/multi-family:
Valuation of work ..... $ _____
Existing bldg. area (sq. ft.) ..... _____
New bldg. area (sq. ft.) ..... _____
Number of stories ..... _____
Type of construction ..... _____
Occupancy group(s): Existing: _____ New: _____

Notice: All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under provisions of ORS 701 and may be required to be licensed in the jurisdiction where work is being performed. If the applicant is exempt from licensing, the following reason applies:

_____

OFFICE USE ONLY

Fees due upon application ..... $ _____
Date received: _____
Amount received ..... $ _____
Please refer to fee schedule.

I hereby certify I have read and examined this application and the attached checklist. All provisions of laws and ordinances governing this work will be complied with, whether specified herein or not.

Authorized signature: _____ Date: 12-31-03
Print name: David Huttula

Notice: This permit application expires if a permit is not obtained within 180 da... (6/00/COM)

BS
ENGINEERING

ity of forest grove

One- and Two-Family Dwelling Building Permit Application Checklist

Jurisdiction: City of Forest Grove

Address: 1924 Council St./PO Box 326
Forest Grove OR 97116
Phone: 503-992-3229/Fax: 503-992-3202

ADDRESS: 1335 34th Place

OFFICE USE ONLY

Reference no.:

Associated permits:
☐ Electrical ☐ Plumbing ☐ Mechanical
☐ Other: _____

THE FOLLOWING ITEMS ARE REQUIRED FOR PLAN REVIEW	Yes	No	N/A
1 Land use actions completed. See jurisdiction criteria for concurrent reviews.			X
2 Zoning. Flood plain, solar balance points, seismic soils designation, historic district, etc.	X		
3 Verification of approved plat/lot.	X		
4 Fire district _____ approval required.			X
5 Septic system permit or authorization for remodel. Existing system capacity _____			X
6 Sewer permit.			X
7 Water district approval.			X
8 Soils report. Must carry original applicable stamp and signature on file or with application.	X		
9 Erosion control ☐ plan ☐ permit required. Include drainage-way protection, silt fence design and location of catch-basin protection, etc.			X
10 3 Complete sets of legible plans. Must be drawn to scale, showing conformance to applicable local and state building codes. Lateral design details and connections must be incorporated into the plans or on a separate full-size sheet attached to the plans with cross references between plan location and details. Plan review cannot be completed if copyright violations exist.	X		
11 Site/plot plan drawn to scale. The plan must show lot and building setback dimensions; property corner elevations (if there is more than a 4-ft. elevation differential, plan must show contour lines at 2-ft. intervals); location of easements and driveway; footprint of structure (including decks); location of wells/septic systems; utility locations; direction indicator; lot area; building coverage area; percentage of coverage; impervious area; existing structures on site; and surface drainage.	X		
12 Foundation plan. Show dimensions, anchor bolts, any hold-downs and reinforcing pads, connection details, vent size and location.	X		
13 Floor plans. Show all dimensions, room identification, window size, location of smoke detectors, water heater, furnace, ventilation fans, plumbing fixtures, balconies and decks 30 inches above grade, etc.	X		
14 Cross section(s) and details. Show all framing-member sizes and spacing such as floor beams, headers, joists, sub-floor, wall construction, roof construction. More than one cross section may be required to clearly portray construction. Show details of all wall and roof sheathing, roofing, roof slope, ceiling height, siding material, footings and foundation, stairs, fireplace construction, thermal insulation, etc.	X		
15 Elevation views. Provide elevations for new construction; minimum of two elevations for additions and remodels. Exterior elevations must reflect the actual grade if the change in grade is greater than four foot at building envelope. Full-size sheet addendums showing foundation elevations with cross references are acceptable.	X		
16 Wall bracing (prescriptive path) and/or lateral analysis plans. Must indicate details and locations; for non-prescriptive path analysis provide specifications and calculations to engineering standards.	X		
17 Floor/roof framing. Provide plans for all floors/roof assemblies, indicating member sizing, spacing, and bearing locations. Show attic ventilation.	X		
18 Basement and retaining walls. Provide cross sections and details showing placement of rebar. For engineered systems, see item 22, "Engineer's calculations."			X
19 Beam calculations. Provide two sets of calculations using current code design values for all beams and multiple joists over 10 feet long and/or any beam/joist carrying a non-uniform load.	X		
20 Manufactured floor/roof truss design details.	X		
21 Energy Code compliance. Identify the prescriptive path or provide calculations. Partial	X		
22 A gas-piping schematic is required for four or more appliances.			X
23 Engineer's calculations. When required or provided, (i.e., shear wall, roof truss) shall be stamped by an engineer or architect licensed in Oregon and shall be shown to be applicable to the project under review.	X		
JURISDICTIONAL SPECIFICS			
23			
24			
25			
26			
27			
28			

Checklist must be completed before plan review start date. Minor changes or notes on submitted plans may be in blue or black ink. Red ink is reserved for department use only.

Plumbing Permit Application

City of Forest Grove
1924 Council Street/P.O. Box 326
Forest Grove, OR 97116-0326
Phone: (503) 992-3229 Fax: (503) 992-3202

Land use approval: _____

OFFICE USE ONLY		
Date received:	Permit no.:	
Sewer permit no.:	Building permit no.:	
Project/appl. no.:	Expire date:	
Date issued:	By:	Receipt no.:
Case file no.:	Payment type:	

TYPE OF PERMIT

- ☐ 1 & 2 family dwelling or accessory
- ☑ New construction
- ☐ Commercial/industrial
- ☐ Addition/alteration/replacement
- ☐ Multi-family
- ☐ Food service
- ☐ Tenant improvement
- ☐ Other: _____

JOB SITE INFORMATION

Job address: 1335 34th Place
Bldg. no.: | Suite no.:
Tax map/tax lot/account no.:
Lot: 21 | Block: | Subdivision: Oak Hill Settlement
Project name:
City/county: | ZIP:
Description and location of work on premises: New Res
Est. date of completion/inspection:

PRIMARY CONTRACTOR

Business name: Moran's Plumbing
Address: 17577 S Hattan Rd
City: Oregon City | State: OR | ZIP: 97045
Phone: (503) 631-3658 | Fax: | E-mail:
CCB no.: 74491 | Plumb. bus. reg. no: 3-245PB
City/metro lic. no.:
Contractor's representative signature:
Print name: Moran's Plumbing | Date:

CONTACT PERSON

Name: Don Moran
Address: 17577 S Hattan Rd
City: Oregon City | State: OR | ZIP: 97045
Phone: (503) 631-3658 | Fax: | E-mail:

OWNER

Name (print): Same As Contact Person
Mailing address:
City: | State: | ZIP:
Phone: | Fax: | E-mail:
Owner installation/residential maintenance only: The actual installation will be made by me or the maintenance and repair made by my regular employees on the property I own as per ORS Chapter 447.
Owner's signature: [signature] Date: 12-31-03

OWNER

Name:
Address:
City: | State: | ZIP:
Phone: | Fax: | E-mail:

FEE SCHEDULE (see reverse for fee schedule)

Description	Qty.	Fee (ea.)	Total
New 1- and 2-family dwellings only: (includes 100 ft. for each utility connection)			
SFR (1) bath		239.50	
SFR (2) bath		316.75	
SFR (3) bath		386.25	
Each additional bath/kitchen		41.72	
Site utilities:			
Catch basin/area drain		13.90	
Drywells/leach line/trench drain		13.90	
Footing drain (no. lin. ft.)		46.35	
Manufactured home utilities			
Manholes		13.90	
Rain drain connector		13.90	
Sanitary sewer (no. lin. ft.)		46.35	
Storm sewer (no. lin. ft.)		46.35	
Water service (no. lin. ft.)		46.35	
Fixture or item:			
Absorption valve		13.90	
Back flow preventer		13.90	
Backwater valve		13.90	
Basins/lavatory		13.90	
Clothes washer		13.90	
Dishwasher		13.90	
Drinking fountain(s)		13.90	
Ejectors/sump		13.90	
Expansion tank		13.90	
Fixture/sewer cap		13.90	
Floor drains/floor sinks/hub		13.90	
Garbage disposal		13.90	
Hose bibb		13.90	
Ice maker		13.90	
Interceptor/grease trap		13.90	
Primer(s)		13.90	
Roof drain (commercial)		13.90	
Sink(s), basin(s), lavs(s)		13.90	
Sump		13.90	
Tubs/shower/shower pan		13.90	
Urinal		13.90	
Water closet		13.90	
Water heater		13.90	
Other:		13.90	
Total			

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

Minimum fee ..... $ _____
Plan review (at 25%) .... $ _____
State surcharge (8%) .... $ _____
TOTAL ..... $ _____

Mechanical Permit Application

City of Forest Grove
1924 Council Street/P.O. Box 326
Forest Grove, OR 97116-0326
Phone: (503) 992-3229 Fax: (503) 992-3202

Land use approval: _____

OFFICE USE ONLY		
Date received:	Permit no.:	
Project/appl. no.:	Expire date:	
Date issued:	By:	Receipt no.:
Case file no.:	Payment type:	
Building permit no.:		

TYPE OF PERMIT

☐ 1 & 2 family dwelling or accessory ☐ Commercial/industrial ☐ Multi-family ☐ Tenant improvement
☐ New construction ☐ Addition/alteration/replacement ☐ Other: _____

JOB SITE INFORMATION

Job address: 1335 34th Place
Bldg. no.: | Suite no.:
Tax map/tax lot/account no.:
Lot: 21 | Block: | Subdivision: Oak Hill Settlement
Project name:
City/county: | ZIP:
Description and location of work on premises: New Res
Est. date of completion/inspection:
Tenant improvement or change of use:
Is existing space heated or conditioned? ☐ Yes ☐ No
Is existing space insulated? ☐ Yes ☐ No

MECHANICAL CONTRACTOR

Business name: Bell Heating, Inc
Address: 15550 SE Piazza Ave
City: Clackamas | State: OR | ZIP: 97015
Phone: 656-1184 | Fax: 656-2511 | E-mail:
CCB no.: 447
City/metro lic. no.:
Name (please print): R. Messick

CONTACT PERSON

Name:
Address:
City: | State: | ZIP:
Phone: | Fax: | E-mail:

OWNER

Name:
Mailing address:
City: | State: | ZIP:
Phone: | Fax: | E-mail:

ENGINEER

Name:
Address:
City: | State: | ZIP:
Phone: | Fax: | E-mail:
Applicant's signature: _____ | Date: 12-31-03
Name (print):

COMMERCIAL VALUATION SCHEDULE

Indicate equipment quantities in boxes below. Indicate the dollar value of all mechanical materials, equipment, labor, overhead, profit. Value $ _____ .

*See checklist for important application information and jurisdiction's fee schedule for residential permit fee.

1 & 2 FAMILY DWELLING PERMIT FEE SCHEDULE AND COMMERCIAL/INDUSTRIAL EQUIPMENT SCHEDULE

Description	Qty.	Fee (ea.) Res. only	Total Res. only
HVAC:		8.95	
Air handling unit _____ CFM _____		11.90	
Air conditioning (site plan required)		8.95	
Alteration of existing HVAC system		8.95	
Boiler/compressors			
State boiler permit no.: _____		11.90	
_____ HP _____ Tons _____ BTU/H			
Fire/smoke dampers/duct smoke detectors		8.95	
Heat pump (site plan required)		8.95	
Install/replace furnace/burner _____ BTU/H		11.90	
Including ductwork/vent liner ☐ Yes ☐ No		15.85	
Install/replace/relocate heaters – suspended, wall, or floor mounted		11.90	
Vent for appliance other than furnace		6.00	
Refrigeration:			
Absorption units _____ BTU/H		17.90	
Chillers _____ HP			
Compressors _____ HP			
Environmental exhaust and ventilation:			
Appliance vent		6.00	
Dryer exhaust		8.95	
Hoods, Type I/ II/res. kitchen/hazmat			
hood fire suppression system		8.95	
Exhaust fan with single duct (bath fans)		6.00	
Exhaust system apart from heating or AC		8.95	
Fuel piping and distribution (up to 4 outlets)			
Type: _____ LPG _____ NG _____ Oil		4.00	
Fuel piping each additional over 4 outlets		1.05	
Process piping (schematic required)			
Number of outlets		17.90	
Other listed appliance or equipment:			
Decorative fireplace		8.95	
Insert – type _____		8.95	
Woodstove/pellet stove		8.95	
Other:		8.95	

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

Permit fee	$	
Minimum fee	$	27.30
Plan review (at 25%)	$	
State surcharge (8%)	$	
TOTAL	$	

12/30/03 SAM

CITY OF FOREST GROVE
LIGHT & POWER DEPT.
1818 B. STREET
P.O. BOX 326
FOREST GROVE, OR 97116

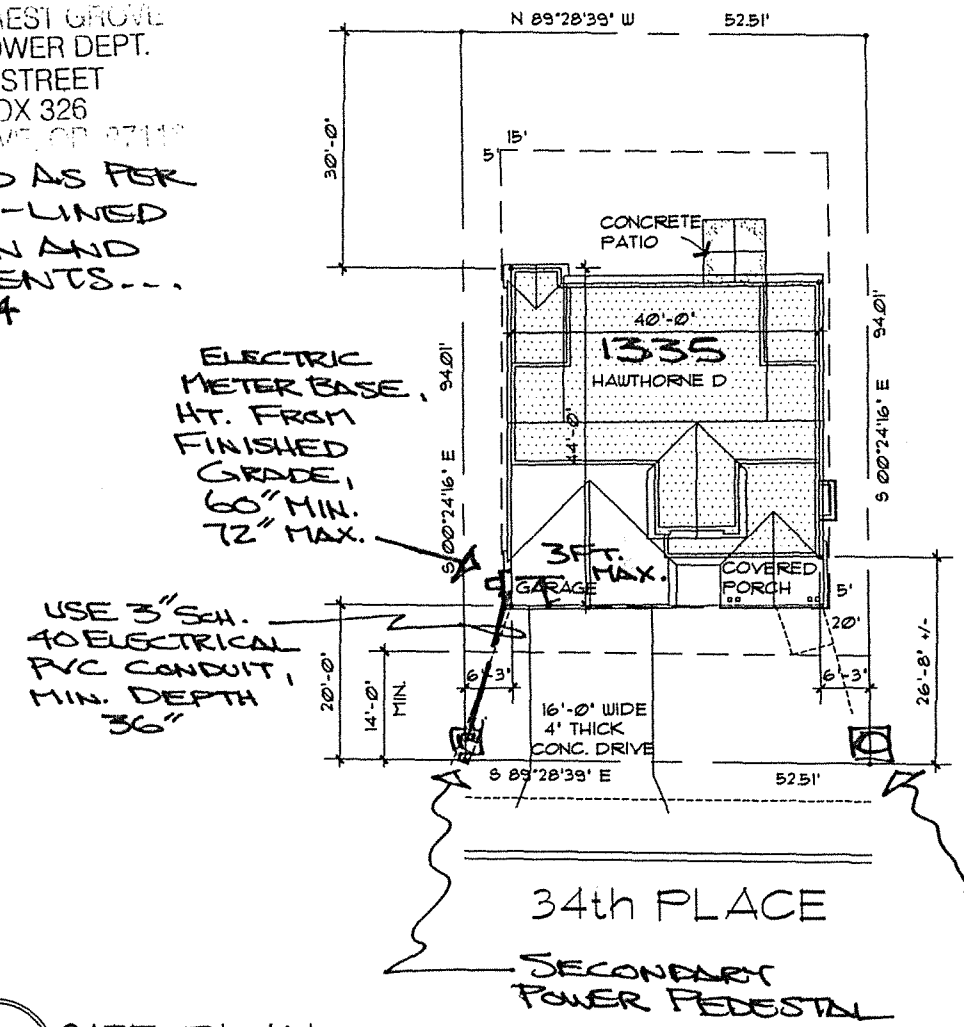
APPROVED AS PER THIS RED-LINED SITE PLAN AND ATTACHMENTS...
N - 1/5/04

SITE PLAN GENERAL NOTES:

1. PROVIDE A MINIMUM 6" DEEP GRAVEL BASE FOR ALL DRIVEWAY AREAS.
2. MAXIMUM DRIVEWAY SLOPE SHOULD BE VERIFIED WITH THE BUILDING DEPARTMENT PRIOR TO CONSTRUCTION.
3. PROVIDE A MINIMUM 4" DEEP GRAVEL BASE FOR ALL SIDEWALK AND PATIO AREAS.
4. PIPE ALL STORM DRAINAGE FROM THE BUILDING TO A DISPOSAL POINT APPROVED BY THE BUILDING DEPARTMENT.
5. PROVIDE AND MAINTAIN POSITIVE DRAINAGE AWAY FROM BUILDING ON ALL SIDES.
6. THE BOUNDARY AND TOPOGRAPHY INFORMATION HAS BEEN PROVIDED TO POLLARD & HOSMAR DESIGNERS, INC. BY THE CONTRACTOR, OWNER, OR ENGINEERING CONSULTANT. POLLARD & HOSMAR DESIGNERS, INC. WILL NOT BE HELD LIABLE FOR THE ACCURACY OF THIS INFORMATION. IT IS THE SOLE RESPONSIBILITY OF THE CONTRACTOR TO VERIFY ALL SITE CONDITIONS INCLUDING ANY FILL PLACED ON THE SITE. THE CONTRACTOR MUST INFORM THIS OFFICE OF ANY POTENTIAL FIELD MODIFICATIONS NOT SPECIFIED ON THE PLANS.
7. NON-STABILIZED FILL MUST NOT EXCEED 2:1 SLOPE
8. EXCAVATION MATERIAL REMAINING ON SITE IS TO BE CONTAINED BY AN APPROVED SEDIMENT BARRIER. THE CONTRACTOR MUST VERIFY LOCATION WITH APPROPRIATE BUILDING OFFICIAL.
9. PROTECT STOCK PILES FROM OCTOBER 1st THRU APRIL 30th PER THE EROSION CONTROL HANDBOOK.
10. NO CUTTING OR FILLING SHALL TAKE PLACE WITHIN THE DRIPLINE OF AN EXISTING TREE UNLESS AN EXCEPTION IS APPROVED BY THE BUILDING DEPARTMENT.

NOTE: USE CITY OF FOREST GROVE LIGHT AND POWER DEPT. SPECIFICATIONS, IF SPECIFICATIONS ARE NOT CLEAR CALL (503)-992-3250...

BUILDING FOOTPRINT = 1,576 SQ. FT.
AREA OF LOT = 4,936 SQ. FT. = 32% COVERAGE



SITE PLAN

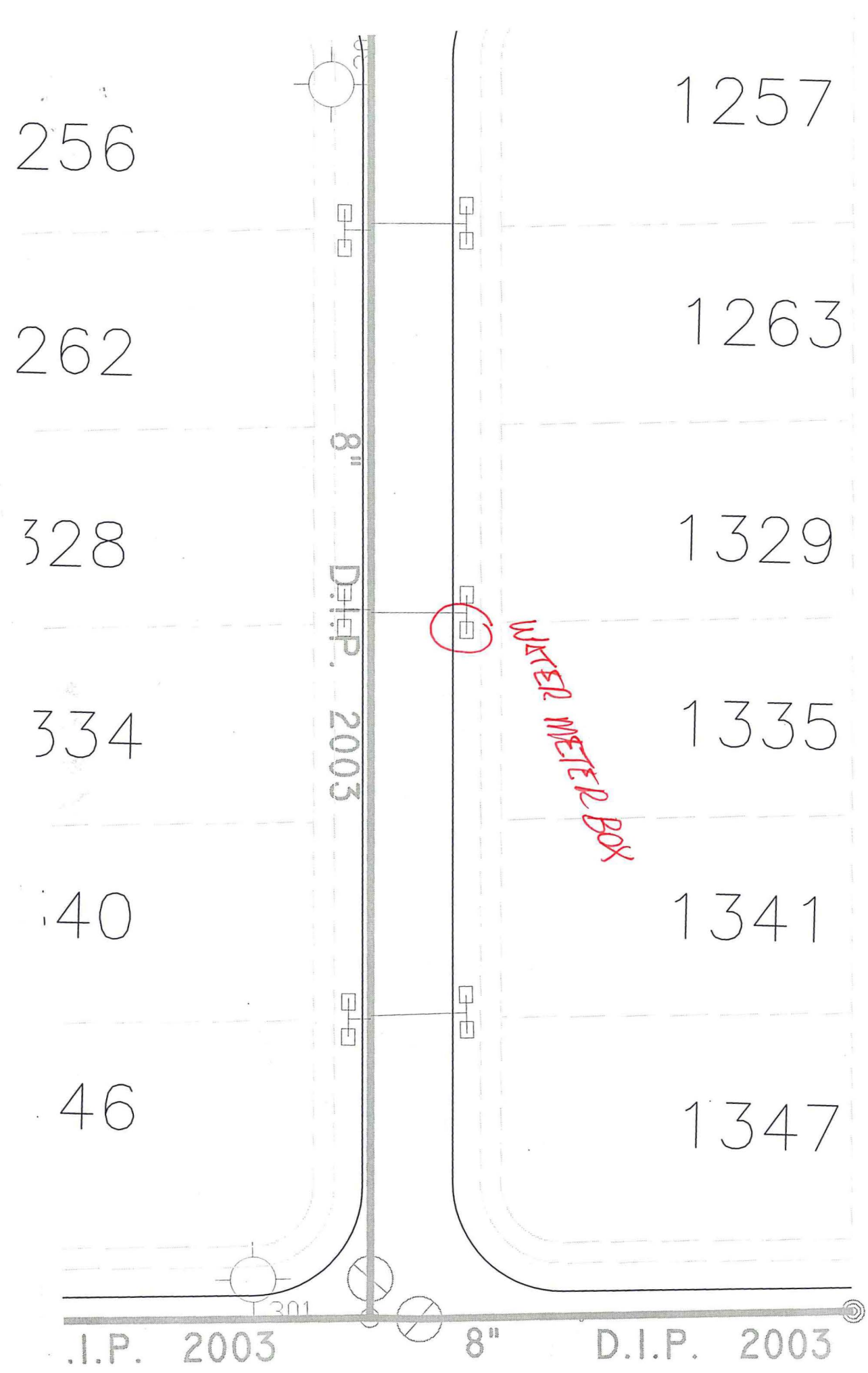
1/16" = 1'-0"

CONTRACTOR:
SKYLINE DEVELOPMENT

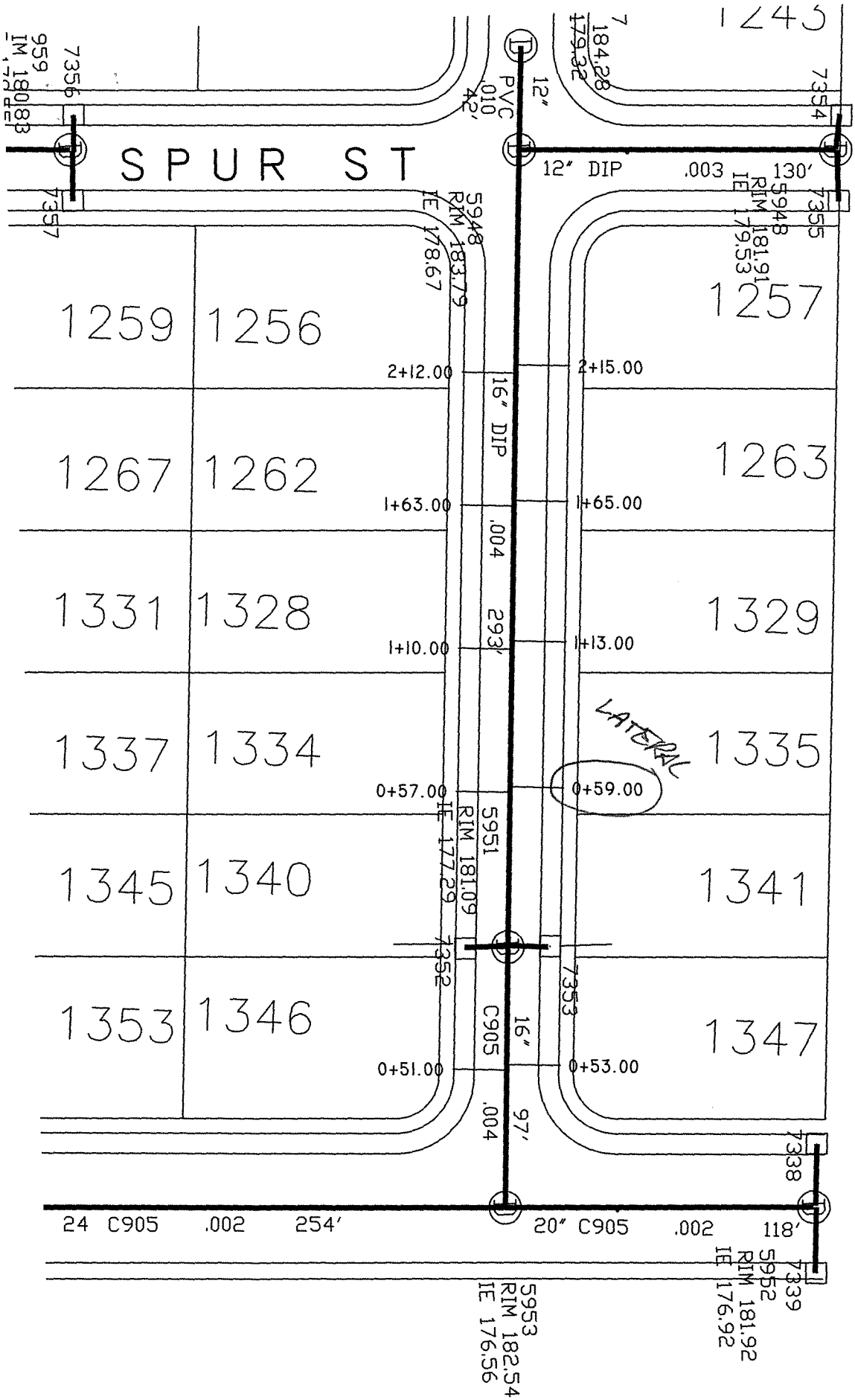
LOT 21 OAK HILL
CITY OF FOREST GROVE, WASHINGTON COUNTY

POLLARD • HOSMAR • ASSOCIATES, INC. •
7128 S.W. DONJACA • SUITE 200 • TIGARD, OR 97223 • (503) 624-9251 • FAX (503) 624-9466 www.pollardhosmar.com

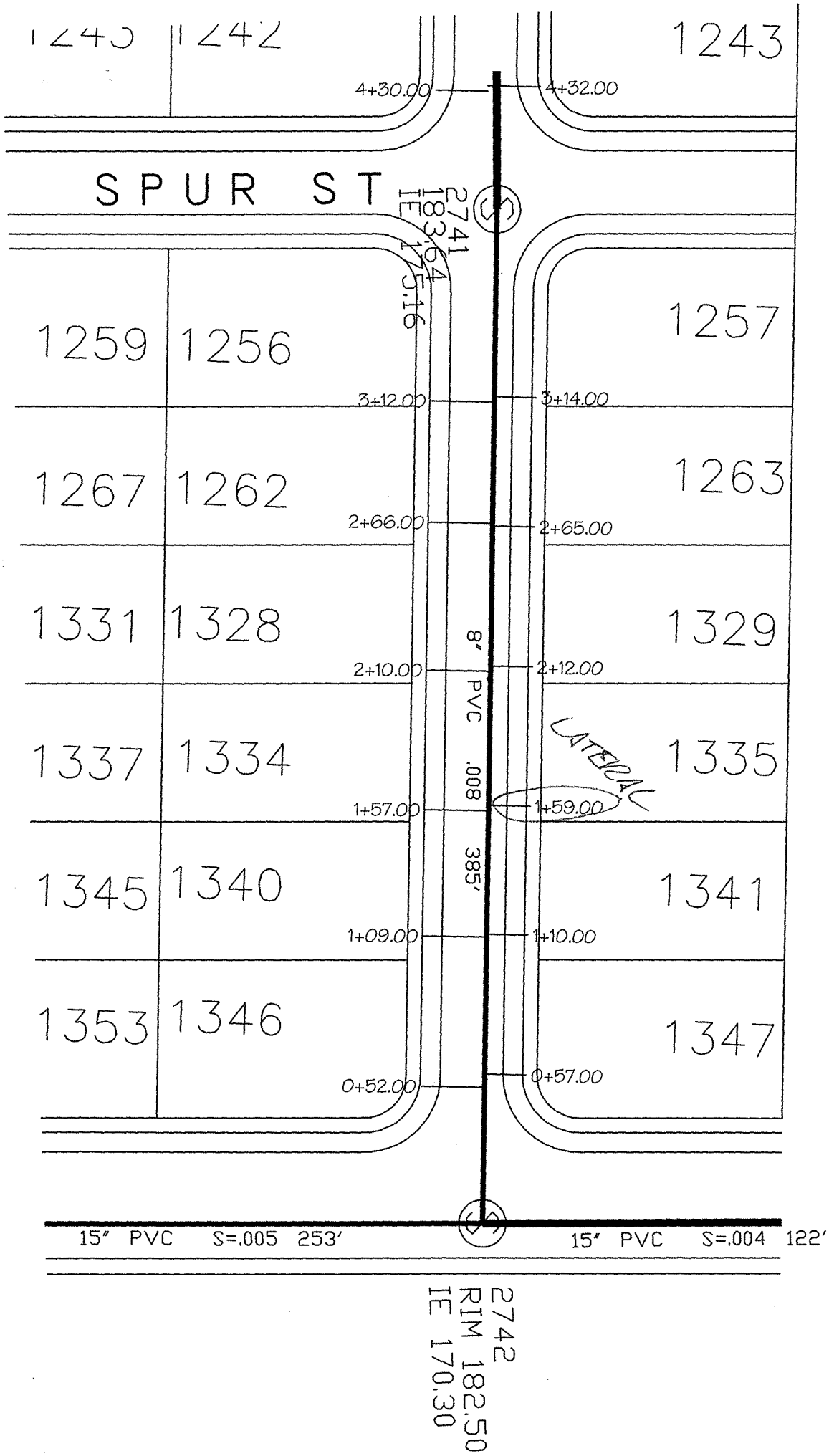
PH23-087



WATER SYSTEM



STORM SYSTEM



SANITARY SYSTEM

12/30/03 SAM

SITE PLAN GENERAL NOTES:

1. PROVIDE A MINIMUM 6" DEEP GRAVEL BASE FOR ALL DRIVEWAY AREAS.
2. MAXIMUM DRIVEWAY SLOPE SHOULD BE VERIFIED WITH THE BUILDING DEPARTMENT PRIOR TO CONSTRUCTION.
3. PROVIDE A MINIMUM 4" DEEP GRAVEL BASE FOR ALL SIDEWALK AND PATIO AREAS.
4. PIPE ALL STORM DRAINAGE FROM THE BUILDING TO A DISPOSAL POINT APPROVED BY THE BUILDING DEPARTMENT.
5. PROVIDE AND MAINTAIN POSITIVE DRAINAGE AWAY FROM BUILDING ON ALL SIDES.
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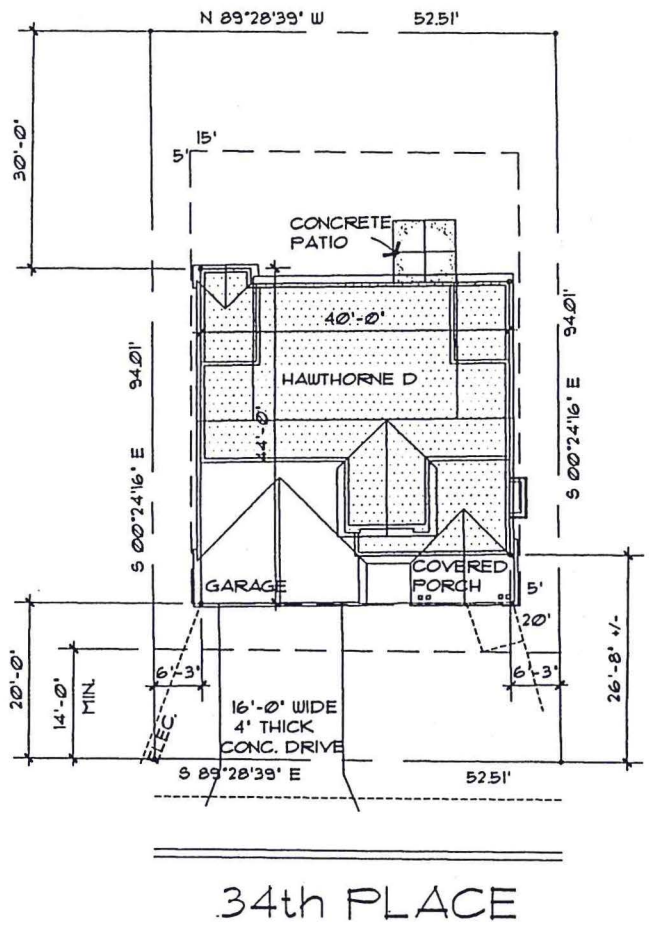
7. NON-STABILIZED FILL MUST NOT EXCEED 2:1 SLOPE
8. EXCAVATION MATERIAL REMAINING ON SITE IS TO BE CONTAINED BY AN APPROVED SEDIMENT BARRIER. THE CONTRACTOR MUST VERIFY LOCATION WITH APPROPRIATE BUILDING OFFICIAL.
9. PROTECT STOCK PILES FROM OCTOBER 1st THRU APRIL 30th PER THE EROSION CONTROL HANDBOOK.
10. NO CUTTING OR FILLING SHALL TAKE PLACE WITHIN THE DRIPLINE OF AN EXISTING TREE UNLESS AN EXCEPTION IS APPROVED BY THE BUILDING DEPARTMENT.



LOT 21
4,936 S.F.

BUILDING FOOTPRINT = 1,576 SQ. FT.
AREA OF LOT = 4,936 SQ. FT. = 32% COVERAGE

SITE PLAN

1/16" = 1'-0"

CONTRACTOR:
SKYLINE DEVELOPMENT

LOT 21 OAK HILL
CITY OF FOREST GROVE, WASHINGTON COUNTY

POLLARD • HOSMAR
ASSOCIATES, INC.
7178 S.E. CHOCLATA • SUITE 200 • HILLSBORO, OR 97123 • (503) 624-1251 • FAX (503) 624-9446 www.pollardhosmar.com

PH23-087

city of forest grove

COMMUNITY DEVELOPMENT DEPARTMENT
Building and Code Enforcement

INSPECTION REQUEST
503-992-3206

1335

Site Address ~~1729~~ 34th PL

Contractor Rovers

Phone Number 781-5846

Scheduled Inspection Date 3/5/04

Mon ☐ Tues ☐ Wed ☐ Thurs ☐ Fri ☒

AM ○ PM ○ other _____

Permit Number BLD04-00250

BUILDING
- __ Footing / Pier
- __ Foundation Wall
- __ Underfloor (P & B)
- __ Shear
- __ Framing
- __ Insulation
- X Approach/Sidewalk
- __ Other
- __ Planning
- __ Final

PLUMBING
- __ Underfloor (P & B)
- __ Top Out (Rough)
- __ Water Line
- __ Rain/Crawl Drains
- __ Storm Drainage
- __ Sanitary Sewer
- __ Backflow Device
- __ Water Heater
- __ Other
- __ Final

MECHANICAL
- __ Gas Piping
- __ Underfloor (P & B)
- __ Rough Mechanical
- __ HVAC (Final)
- __ Other

MANUFACTURED HOME
- __ M/H Set-Up
- __ M/H Mechanical
- __ M/H Water/Sewer
- __ M/H Electrical Feeder
- __ M/H Final
- __ Other

Comments: _____

☒ APPROVED ☐ NOT APPROVED (REINSPECTION REQUIRED) ☐ APPROVED AFTER CORRECTIONS (NO REINSPECTION REQUIRED) ☐ STOP WORK

CORRECTIONS: OK to Pour

POSTED

Date: 3-5-04 Inspector: [signature]

city of forest grove

COMMUNITY DEVELOPMENT DEPARTMENT
Building and Code Enforcement

INSPECTION REQUEST
503-992-3206

Site Address 1335 34th PL

Contractor Dave

Phone Number 992-8892

Scheduled Inspection Date 3-4-04

Mon ☐ Tues ☐ Wed ☐ Thurs ☐ Fri ☒

AM ○ PM ⊗ other _____

Permit Number 03-00250

BUILDING
- __ Footing / Pier
- __ Foundation Wall
- __ Underfloor (P & B)
- __ Shear
- __ Framing
- X Insulation
- __ Approach/Sidewalk
- __ Other
- __ Planning
- __ Final

PLUMBING
- __ Underfloor (P & B)
- __ Top Out (Rough)
- __ Water Line
- __ Rain/Crawl Drains
- __ Storm Drainage
- __ Sanitary Sewer
- __ Backflow Device
- __ Water Heater
- __ Other
- __ Final

MECHANICAL
- __ Gas Piping
- __ Underfloor (P & B)
- __ Rough Mechanical
- __ HVAC (Final)
- __ Other

MANUFACTURED HOME
- __ M/H Set-Up
- __ M/H Mechanical
- __ M/H Water/Sewer
- __ M/H Electrical Feeder
- __ M/H Final
- __ Other

Comments: _____

☒ APPROVED ☐ NOT APPROVED (REINSPECTION REQUIRED) ☐ APPROVED AFTER CORRECTIONS (NO REINSPECTION REQUIRED) ☐ STOP WORK

CORRECTIONS: _____

OK to cover

POSTED

Date: 3-5-04 Inspector: _____

city of forest grove

COMMUNITY DEVELOPMENT DEPARTMENT
Building and Code Enforcement

INSPECTION REQUEST
503-992-3206

Site Address 1335 34th PL

Contractor Dave

Phone Number 997-3656

Scheduled Inspection Date 3-1-04

Mon ☒ Tues ☐ Wed ☐ Thurs ☐ Fri ☐

AM ○ PM ○ other _____

Permit Number PLM 03-00277

BUILDING
- __ Footing / Pier
- __ Foundation Wall
- __ Underfloor (P & B)
- __ Shear
- __ Framing
- __ Insulation
- __ Approach/Sidewalk
- __ Other
- __ Planning
- __ Final

PLUMBING
- __ Underfloor (P & B)
- X Top Out (Rough)
- __ Water Line
- __ Rain/Crawl Drains
- __ Storm Drainage
- __ Sanitary Sewer
- __ Backflow Device
- __ Water Heater
- __ Other
- __ Final

MECHANICAL
- __ Gas Piping
- __ Underfloor (P & B)
- __ Rough Mechanical
- __ HVAC (Final)
- __ Other

MANUFACTURED HOME
- __ M/H Set-Up
- __ M/H Mechanical
- __ M/H Water/Sewer
- __ M/H Electrical Feeder
- __ M/H Final
- __ Other

Comments:

☒ APPROVED

☐ NOT APPROVED (REINSPECTION REQUIRED)

☐ APPROVED AFTER CORRECTIONS (NO REINSPECTION REQUIRED)

☐ STOP WORK

CORRECTIONS: TOP OUT PLUMBING

POSTED

Date: 03/01/04

Inspector: John Mullay

POLLARD • HOSMAR ASSOCIATES, INC •

1335 34th Place

FAX TRANSMITTAL

TO: DAVE HUTTALA (SKYLINE DEVELOPMENT)

FROM: SAM @ POHO
DATE: 02/13/04
PROJECT: "HAWTHORNE D"

NUMBER: PH23-229
FAX NUMBER: (503)624-9466

ENCLOSURES: 1/8" SCALE PLAN

COMMENTS: HI.... PLEASE REVIEW THE FOLLOWING UPPER FLOOR PLAN. IT & THIS NOTE, ARE IN RESPONSE TO YOUR LATERAL BRACING QUESTION REGARDING JOB NO.PH23-229.

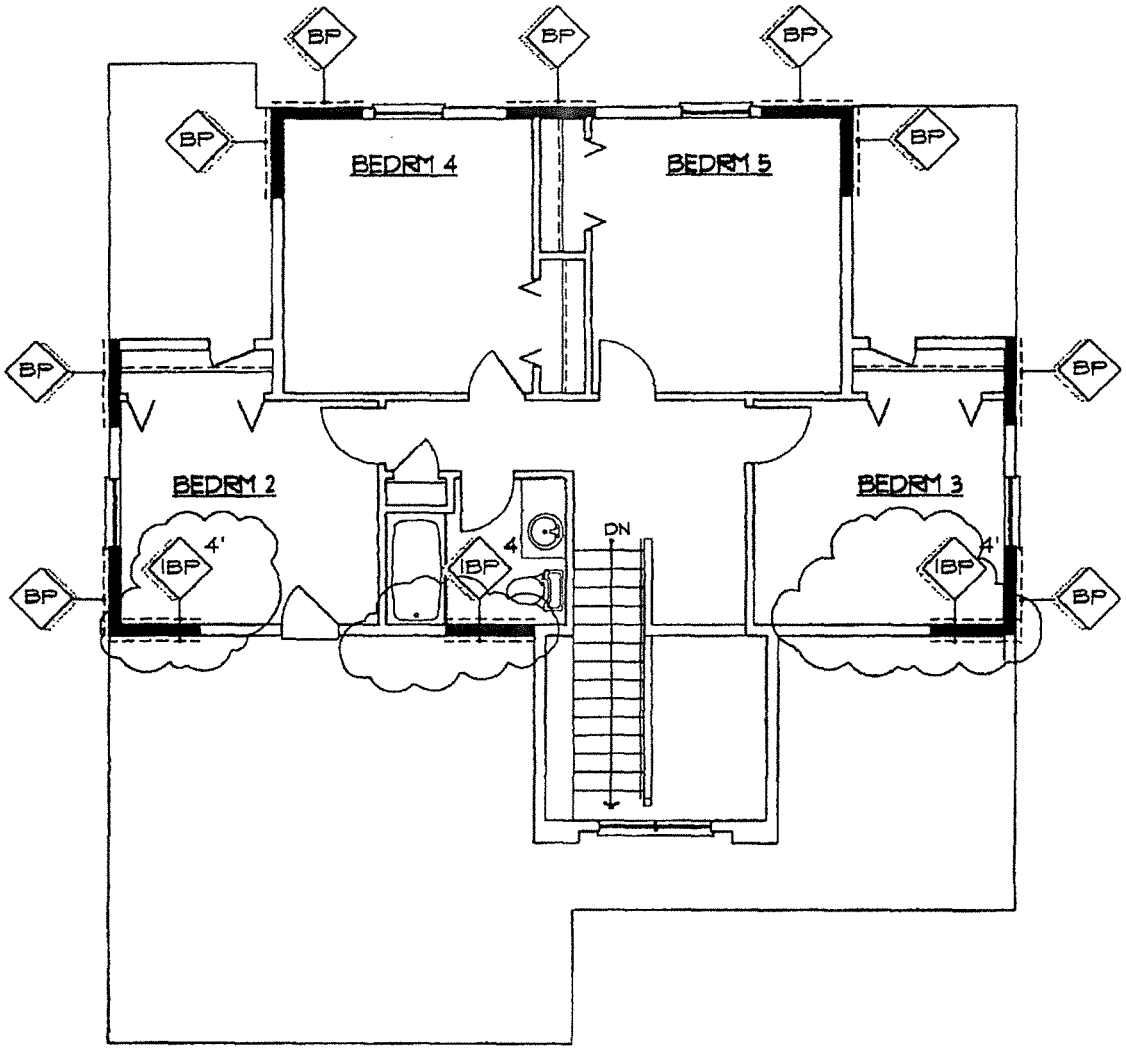
AFTER REVIEWING THE "HAWTHORNE D" UPPER FLOOR PLAN WITH KEITH KUDRNA ; IT WAS DECIDED AN UPDATE WAS APPLICABLE. THE FRONT WALLS OF BEDROOM 2 & 3 ARE WITHIN THE ROOF FRAMING & CAN BE CONSIDERED: "INTERIOR BRACE PANELS". THE INCLUDED DRAWING REFLECTS THIS UPDATE.

SINCERELY, SAM

SAM@poho.com, (503)924-1796

NUMBER OF PAGES INCLUDING COVER: 2

7128 SW GONZAGA • SUITE 200 • TIGARD, OREGON 97223
503.624.9251 • www.pollardhosmar.com • FAX 503.624.9466



PH23-229
UPPER LEVEL LATERAL KEY
1/8"=1'-0"
02/17/04 UPDATE

city of forest grove

COMMUNITY DEVELOPMENT DEPARTMENT
Building and Code Enforcement

INSPECTION REQUEST
503-992-3206

Site Address 1334 34TH PL

Contractor Dave

Phone Number 997-3056

Scheduled Inspection Date 1/15/04

Mon ☐ Tues ☐ Wed ☐ Thurs ☒ Fri ☐

AM ○ PM ○ other

Permit Number 137

BUILDING
- __ Footing / Pier
- __ Foundation Wall
- __ Underfloor (P & B)
- __ Shear
- __ Framing
- __ Insulation
- __ Approach/Sidewalk
- __ Other
- __ Planning
- ☒ Final

PLUMBING
- __ Underfloor (P & B)
- __ Top Out (Rough)
- __ Water Line
- __ Rain/Crawl Drains
- __ Storm Drainage
- __ Sanitary Sewer
- __ Backflow Device
- __ Water Heater
- __ Other
- __ Final

MECHANICAL
- __ Gas Piping
- __ Underfloor (P & B)
- __ Rough Mechanical
- __ HVAC (Final)
- __ Other

MANUFACTURED HOME
- __ M/H Set-Up
- __ M/H Mechanical
- __ M/H Water/Sewer
- __ M/H Electrical Feeder
- __ M/H Final
- __ Other

Comments: Combo FUN

☑ APPROVED

☐ NOT APPROVED (REINSPECTION REQUIRED)

☐ APPROVED AFTER CORRECTIONS (NO REINSPECTION REQUIRED)

☐ STOP WORK

CORRECTIONS:

POSTED

Date: 1-15-04

Inspector:

city of forest grove

COMMUNITY DEVELOPMENT DEPARTMENT
Building and Code Enforcement

INSPECTION REQUEST
503-992-3206

Site Address 1335 ~~3~~ 34th PLACE

Contractor FRANCISCO

Phone Number Stayner Dev

Scheduled Inspection Date 01/22/04

Mon ☐ Tues ☐ Wed ☐ Thurs ☒ Fri ☐

AM ○ PM ○ other

Permit Number PLM03-00277

BUILDING	PLUMBING	MECHANICAL	MANUFACTURED HOME
— Footing / Pier	— Underground	— Gas Piping	— M/H Blocking
— Foundation Wall	— Underfloor (P & B)	— Underfloor (P & B)	— M/H Mechanical
— Post & Beam	— Top Out (Rough)	— Rough Mechanical	— M/H Water/Sewer
— Shear	— Water Line	— HVAC (Final)	— M/H Electrical
— Framing	X Rain/Crawl Drains	— Woodstove	— M/H Final
— Insulation	X Storm Drainage	— Other	— Other
— Drywall	X Sanitary Sewer		
— Approach/Sidewalk	— Backflow		
— Other	— Water Heater		
— Planning	— Other		
— Final	— Final		

Comments:

☒ APPROVED ☐ NOT APPROVED (REINSPECTION REQUIRED) ☐ APPROVED AFTER CORRECTIONS (NO REINSPECTION REQUIRED) ☐ STOP WORK

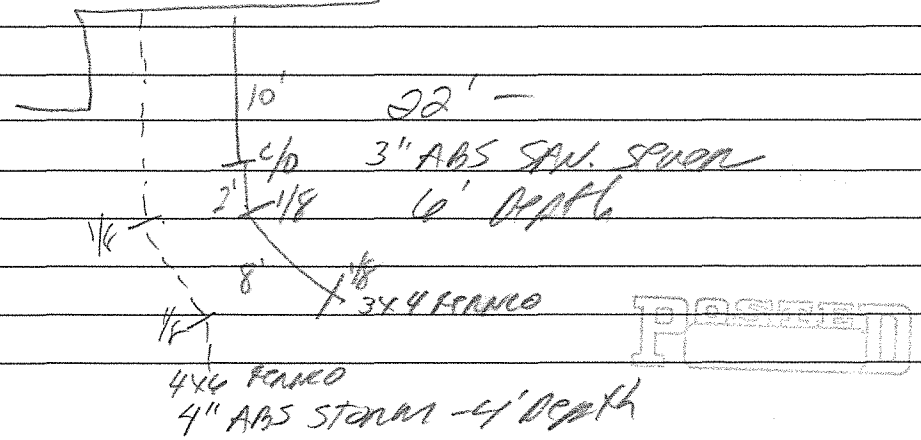
CORRECTIONS:

North

NOTE:

1) BE SURE TO SUPPORT RD PIPING EVERY 4' O.C.

2) CALL FOR WATER LINE INSPECTION



Date: 01/22/04

Inspector:

city of forest grove

COMMUNITY DEVELOPMENT DEPARTMENT
Building and Code Enforcement

INSPECTION REQUEST
503-992-3206

Site Address 1335 34TH PL

Contractor _____

Phone Number _____

Scheduled Inspection Date 1/27/04

Mon ☐ Tues ☒ Wed ☐ Thurs ☐ Fri ☐

AM ☒ PM ○ other _____

Permit Number BUD03-250

BUILDING
- __ Footing / Pier
- __ Foundation Wall
- X Underfloor (P & B)
- __ Shear
- __ Framing
- __ Insulation
- __ Approach/Sidewalk
- __ Other
- __ Planning
- __ Final

PLUMBING
- __ Underfloor (P & B)
- __ Top Out (Rough)
- __ Water Line
- __ Rain/Crawl Drains
- __ Storm Drainage
- __ Sanitary Sewer
- __ Backflow Device
- __ Water Heater
- __ Other
- __ Final

MECHANICAL
- __ Gas Piping
- __ Underfloor (P & B)
- __ Rough Mechanical
- __ HVAC (Final)
- __ Other

MANUFACTURED HOME
- __ M/H Set-Up
- __ M/H Mechanical
- __ M/H Water/Sewer
- __ M/H Electrical Feeder
- __ M/H Final
- __ Other

Comments: _____

☑ APPROVED

☐ NOT APPROVED
(REINSPECTION REQUIRED)

☐ APPROVED AFTER CORRECTIONS
(NO REINSPECTION REQUIRED)

☐ STOP WORK

CORRECTIONS: _____

OK FU cover

POSTED

Date: 1-27-04 Inspector: _____

city of forest grove

COMMUNITY DEVELOPMENT DEPARTMENT
Building and Code Enforcement

INSPECTION REQUEST
503-992-3206

Site Address 1335 34th PL

Contractor _____

Phone Number _____

Scheduled Inspection Date 11/27/04

Mon ☐ Tues ☒ Wed ☐ Thurs ☐ Fri ☐

AM ☒ PM ○ other _____

Permit Number MEC03-00224

BUILDING
- __ Footing / Pier
- __ Foundation Wall
- __ Underfloor (P & B)
- __ Shear
- __ Framing
- __ Insulation
- __ Approach/Sidewalk
- __ Other
- __ Planning
- __ Final

PLUMBING
- __ Underfloor (P & B)
- __ Top Out (Rough)
- __ Water Line
- __ Rain/Crawl Drains
- __ Storm Drainage
- __ Sanitary Sewer
- __ Backflow Device
- __ Water Heater
- __ Other
- __ Final

MECHANICAL
- __ Gas Piping
- X Underfloor (P & B)
- __ Rough Mechanical
- __ HVAC (Final)
- __ Other

MANUFACTURED HOME
- __ M/H Set-Up
- __ M/H Mechanical
- __ M/H Water/Sewer
- __ M/H Electrical Feeder
- __ M/H Final
- __ Other

Comments: _____

☑ APPROVED ☐ NOT APPROVED (REINSPECTION REQUIRED) ☐ APPROVED AFTER CORRECTIONS (NO REINSPECTION REQUIRED) ☐ STOP WORK

CORRECTIONS: _____

OK TO COVER

POSTED

Date: 1-27-04 Inspector: _____

city of forest grove

COMMUNITY DEVELOPMENT DEPARTMENT
Building and Code Enforcement

INSPECTION REQUEST
503-992-3206

Site Address 1335 34th PL

Contractor _____

Phone Number _____

Scheduled Inspection Date 1/27/04

Mon ☐ Tues ☒ Wed ☐ Thurs ☐ Fri ☐

AM ◉ PM ○ other _____

Permit Number PLM03-00277

BUILDING
- __ Footing / Pier
- __ Foundation Wall
- __ Underfloor (P & B)
- __ Shear
- __ Framing
- __ Insulation
- __ Approach/Sidewalk
- __ Other
- __ Planning
- __ Final

PLUMBING
- X Underfloor (P & B)
- __ Top Out (Rough)
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- __ Rain/Crawl Drains
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- __ Water Heater
- __ Other
- __ Final

MECHANICAL
- __ Gas Piping
- __ Underfloor (P & B)
- __ Rough Mechanical
- __ HVAC (Final)
- __ Other

MANUFACTURED HOME
- __ M/H Set-Up
- __ M/H Mechanical
- __ M/H Water/Sewer
- __ M/H Electrical Feeder
- __ M/H Final
- __ Other

Comments: _____

☒ APPROVED ☐ NOT APPROVED (REINSPECTION REQUIRED) ☐ APPROVED AFTER CORRECTIONS (NO REINSPECTION REQUIRED) ☐ STOP WORK

CORRECTIONS: TOP OUT PL

UF PIPING CONFIGURATION

POSTED

Date: 01/27/04 Inspector: Mike Mulloy

city of forest grove

COMMUNITY DEVELOPMENT DEPARTMENT
Building and Code Enforcement

INSPECTION REQUEST
503-992-3206

Site Address 1334 34TH PL
Contractor _____
Phone Number _____

Scheduled Inspection Date _____
Mon ☐ Tues ☐ Wed ☐ Thurs ☐ Fri ☐
AM ○ PM ○ other _____
Permit Number _____

BUILDING
- __ Footing / Pier
- __ Foundation Wall
- __ Underfloor (P & B)
- __ Shear
- __ Framing
- __ Insulation
- __ Approach/Sidewalk
- X Other PW
- __ Planning
- __ Final

PLUMBING
- __ Underfloor (P & B)
- __ Top Out (Rough)
- __ Water Line
- __ Rain/Crawl Drains
- __ Storm Drainage
- __ Sanitary Sewer
- __ Backflow Device
- __ Water Heater
- __ Other
- __ Final

MECHANICAL
- __ Gas Piping
- __ Underfloor (P & B)
- __ Rough Mechanical
- __ HVAC (Final)
- __ Other

MANUFACTURED HOME
- __ M/H Set-Up
- __ M/H Mechanical
- __ M/H Water/Sewer
- __ M/H Electrical Feeder
- __ M/H Final
- __ Other

Comments: _____

☑ APPROVED ☐ NOT APPROVED (REINSPECTION REQUIRED) ☐ APPROVED AFTER CORRECTIONS (NO REINSPECTION REQUIRED) ☐ STOP WORK

CORRECTIONS: _____

POSTED

Date: 1-15-04 Inspector: DWHT HOLMES

city of forest grove

COMMUNITY DEVELOPMENT DEPARTMENT
Building and Code Enforcement

INSPECTION REQUEST
503-992-3206

Site Address 1334 34TH PL
Contractor Dave
Phone Number 997-30516

Scheduled Inspection Date 1/15/04
Mon ☐ Tues ☐ Wed ☐ Thurs ☒ Fri ☐
AM ○ PM ○ other _____
Permit Number MECO3-00130

BUILDING
- __ Footing / Pier
- __ Foundation Wall
- __ Underfloor (P & B)
- __ Shear
- __ Framing
- __ Insulation
- __ Approach/Sidewalk
- __ Other
- __ Planning
- __ Final

PLUMBING
- __ Underfloor (P & B)
- __ Top Out (Rough)
- __ Water Line
- __ Rain/Crawl Drains
- __ Storm Drainage
- __ Sanitary Sewer
- __ Backflow Device
- __ Water Heater
- __ Other
- __ Final

MECHANICAL
- __ Gas Piping
- __ Underfloor (P & B)
- ☒ Rough Mechanical
- __ HVAC (Final)
- __ Other

MANUFACTURED HOME
- __ M/H Set-Up
- __ M/H Mechanical
- __ M/H Water/Sewer
- __ M/H Electrical Feeder
- __ M/H Final
- __ Other

Comments:

☑ APPROVED

☐ NOT APPROVED
(REINSPECTION REQUIRED)

☐ APPROVED AFTER CORRECTIONS
(NO REINSPECTION REQUIRED)

☐ STOP WORK

CORRECTIONS:

POSTED

Date: 1-15-04

Inspector:

city of forest grove

COMMUNITY DEVELOPMENT DEPARTMENT
Building and Code Enforcement

INSPECTION REQUEST
503-992-3206

Site Address 1334 34TH PL
Contractor DAVE
Phone Number 997-3655

Scheduled Inspection Date 1/15/04
Mon ☐ Tues ☐ Wed ☐ Thurs ☒ Fri ☐
AM ○ PM ○ other
Permit Number PLM03-00148

BUILDING
- __ Footing / Pier
- __ Foundation Wall
- __ Underfloor (P & B)
- __ Shear
- __ Framing
- __ Insulation
- __ Approach/Sidewalk
- __ Other
- __ Planning
- __ Final

PLUMBING
- __ Underfloor (P & B)
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- __ Water Line
- __ Rain/Crawl Drains
- __ Storm Drainage
- __ Sanitary Sewer
- __ Backflow Device
- __ Water Heater
- __ Other
- ☒ Final

MECHANICAL
- __ Gas Piping
- __ Underfloor (P & B)
- __ Rough Mechanical
- __ HVAC (Final)
- __ Other

MANUFACTURED HOME
- __ M/H Set-Up
- __ M/H Mechanical
- __ M/H Water/Sewer
- __ M/H Electrical Feeder
- __ M/H Final
- __ Other

Comments: COMBO FINAL

☒ APPROVED ☐ NOT APPROVED (REINSPECTION REQUIRED) ☐ APPROVED AFTER CORRECTIONS (NO REINSPECTION REQUIRED) ☐ STOP WORK

CORRECTIONS: PLUMBING FINAL

Thank you!

POSTED

Date: 01/15/04 Inspector:

This home has been professionally insulated with

Advanced ThermaCube Plus® Loosefill Insulation

(Job Site Address)

Name Summerfield Homes

Address 13334 34th Place

City Forest Grove State _____ Zip _____

Advanced *ThermaCube Plus* Loosefill Insulation 03MO4269

Stated R-Value is provided by installing the required number of bags per 1,000 sq. ft. at a thickness not less than the label minimum thickness. Installation of the required number of bags may yield more than the specified minimum thickness and minimum sq. ft. weight. Failure by the installer to provide both the required number of bags and at least the minimum thickness will result in lower insulation R-Value.

Specification For Open Blow Attics

New Construction R38

Retrofit _____

Number of bags used ~~29~~ 26

Estimated R-value of previous insulation _____

Area of coverage (sq. ft.) 1000 ft

Other type(s) of insulation in attic _____

Thickness of insulation 15 1/2

Depth of previous insulation _____

Nominal net weight of insulation per bag is 35 lbs.

R-VALUE* To obtain an insulation resistance (R) of:	BAGS PER 1,000 SQ. FT. No. of bags per 1,000 sq. ft. of net area shall not be less than:	MAXIMUM NET COVERAGE Contents of each bag should not cover more than:	MINIMUM WEIGHT/SQ. FT. Weight per sq. ft. of installed insulation should not be less than:	MINIMUM THICKNESS Installed insulation should not be less than:
R-49	25.0	40 Sq. Ft.	0.878	19 1/2 In.
R-44	22.2	45 Sq. Ft.	0.786	17 3/4 In.
R-38	19.2	52 Sq. Ft.	0.676	15 1/2 In.
R-30	15.2	66 Sq. Ft.	0.531	12 1/4 In.
R-26	13.2	76 Sq. Ft.	0.459	10 3/4 In.
R-22	11.1	90 Sq. Ft.	0.388	9 1/4 In.
R-19	9.5	105 Sq. Ft.	0.334	8 In.
R-11	5.5	182 Sq. Ft.	0.193	4 3/4 In.

*The higher the R-Value, the greater the insulating power. Ask your seller for the fact sheet on R-Values.
Loosefill insulations vary in thermal performance due to factors such as aging, mean temperature, settlement, convection, moisture absorption and installation variation.
Convection in glass loosefill insulation installed in open attics can reduce its thermal performance in extreme winter temperatures during the heating season.

Blanket Insulation

Blanket and batt fiber glass insulation, when installed according to the manufacturer's recommendations, will provide the stated R-Value.

R-VALUE To obtain an insulation resistance (R) of:	R-38	R-38C	R-30	R-30C	R-25	R-22	R-21	R-19	R-15	R-13	R-11
MINIMUM THICKNESS Installed insulation should be:	12"	10 1/4"	9 1/2"	8 1/4"	8"	6 3/4"	5 1/2"	6 1/4"†	3 1/2"	3 1/2"	3 1/2"

†R-18 in a 5 1/2" cavity

THE FOLLOWING PRODUCTS HAVE BEEN INSTALLED AS SPECIFIED ABOVE:

	kraft	unfaced	foil	FS-25	R-Value	Thickness	No. Pkgs.	Coverage Area
Ceilings	☐	☑	☐	☐	R38			
	☐	☐	☐	☐				
Floors	☐	☑	☐	☐	R25			
	☐	☐	☐	☐				
Walls	☑	☐	☐	☐	R21			
	☐	☐	☐	☐				
Basement	☐	☐	☐	☐				
	☐	☐	☐	☐				
Crawlspace	☐	☐	☐	☐				
	☐	☐	☐	☐				

POSTED

Contractor Cameron Lee (signature) Date 9/25/03 Builder _____ (signature) Date _____

Company Your STAR Insulation Company _____

Address OC. 503 650-8193 Address _____

city of forest grove

COMMUNITY DEVELOPMENT DEPARTMENT
Building and Code Enforcement

INSPECTION REQUEST
503-992-3206

Site Address 1335 34th Ave.
Contractor Dave
Phone Number

Scheduled Inspection Date
Mon ☐ Tues ☐ Wed ☐ Thurs ☐ Fri ☑
AM ○ PM ⊘ other
Permit Number B1103-00250

BUILDING
- — Footing / Pier
- — Foundation Wall
- — Post & Beam
- — Shear
- — Framing
- — Insulation
- — Drywall
- — Approach/Sidewalk
- — Other
- — Planning
- — Final

PLUMBING
- — Underground
- — Underfloor (P & B)
- — Top Out (Rough)
- — Water Line
- — Rain/Crawl Drains
- — Storm Drainage
- — Sanitary Sewer
- — Backflow
- — Water Heater
- — Other
- — Final

MECHANICAL
- — Gas Piping
- — Underfloor (P & B)
- — Rough Mechanical
- — HVAC (Final)
- — Woodstove
- — Other

MANUFACTURED HOME
- — M/H Blocking
- — M/H Mechanical
- — M/H Water/Sewer
- — M/H Electrical
- — M/H Final
- — Other

Comments:

☑ APPROVED ☐ NOT APPROVED (REINSPECTION REQUIRED) ☐ APPROVED AFTER CORRECTIONS (NO REINSPECTION REQUIRED) ☐ STOP WORK

CORRECTIONS:

OK to pour

POSTED

Date: 1-16-03 Inspector: