

CERTIFICATE OF OCCUPANCY

Building Address: 354 Bluejay Avenue
Portion of Building Covered by Certificate: New Single Family Residence
Occupancy Classification: R-3 Type of Construction: V-N
Owner: Goff Homes, Inc Permit No: BLD96-0298
Owner's Address: 44165 NW Purdin Road, Forest Grove, OR 97116



Certificate is hereby given this 4th day of June, 1997
This certificate is issued pursuant to the requirements of Section 308 of the Oregon Structural Specialty Code certifying that at the time of issuance this structure was in compliance with the City of Forest Grove's Codes and Ordinances.


Building Official

City of Forest Grove

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

MECHANICAL PERMIT

PERMIT NO.: MEC02-00131
ISSUED: 7/24/2002
APPLIED: 7/24/2002
EXPIRES: 1/24/2003

SITE ADDRESS: 354 BLUEJAY AVE
ASSESSOR'S PARCEL NO.: 1N435AA-01200
TYPE OF WORK: NEW
TYPE OF USE: SFD
PROJECT DESCRIPTION: RUN GAS LINE TO POOL

| | |
|---|-------------------|
| <u>OWNER/APPLICANT</u> REICHARD, FRANK J & JODIE L 354 BLUEJAY AVE FOREST GROVE OR 97116 | <u>CONTRACTOR</u> |
|---|-------------------|

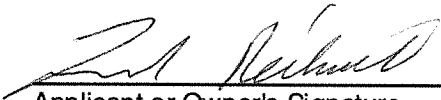
| Equipment | |
|-------------------|----------|
| Type of Equipment | Quantity |
| Gas Outlets | 1.00 |

| Fees | | | |
|--------|-----|-----------|---------|
| Type | By | Date | Amount |
| PRMT | AJL | 7/24/2002 | \$26.50 |
| SUCH | AJL | 7/24/2002 | \$2.12 |
| Total: | | | \$28.62 |

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:



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.: MEC02-0013 | |
| 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: 354 BLUEJAY AVE
 Bldg. no.: _____ Suite no.: _____
 Tax map/tax lot/account no.: _____
 Lot: _____ Block: _____ Subdivision: _____
 Project name: _____
 City/county: _____ ZIP: _____
 Description and location of work on premises: Run GAS Line to Pool
 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

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: | | 8.70 | |
| Air handling unit _____ CFM _____ | | 11.55 | |
| Air conditioning (site plan required) | | 8.70 | |
| Alteration of existing HVAC system | | 8.70 | |
| Boiler/compressors | | 11.55 | |
| State boiler permit no.: _____ HP _____ Tons _____ BTU/H | | | |
| Fire/smoke dampers/duct smoke detectors | | 8.70 | |
| Heat pump (site plan required) | | 8.70 | |
| Install/replace furnace/burner _____ BTU/H | | 11.55 | |
| Including ductwork/vent liner <input type="checkbox"/> Yes <input type="checkbox"/> No | | 15.40 | |
| Install/replace/relocate heaters - suspended, wall, or floor mounted | | 11.55 | |
| Vent for appliance other than furnace | | 5.80 | |
| Refrigeration: | | 17.35 | |
| Absorption units _____ BTU/H | | | |
| Chillers _____ HP | | | |
| Compressors _____ HP | | | |
| Environmental exhaust and ventilation: | | 5.80 | |
| Appliance vent | | 8.70 | |
| Dryer exhaust | | 8.70 | |
| Hoods, Type I/II/res. kitchen/hazmat hood fire suppression system | | 8.70 | |
| Exhaust fan with single duct (bath fans) | | 5.80 | |
| Exhaust system apart from heating or AC | | 8.70 | |
| Fuel piping and distribution (up to 4 outlets) | | 3.85 | |
| Type: _____ LPG _____ NG _____ Oil | | | |
| Fuel piping each additional over 4 outlets | | 1.00 | |
| Process piping (schematic required) | | 17.35 | |
| Number of outlets | | | |
| Other listed appliance or equipment: | | 8.70 | |
| Decorative fireplace | | 8.70 | |
| Insert - type _____ | | 8.70 | |
| Woodstove/pellet stove | | 8.70 | |
| Other: | | 8.70 | |
| Other: | | 8.70 | |

MECHANICAL CONTRACTOR

Business name: Jays Gas Piping
 Address: PO BOX 793
 City: BEAVERCREEK State: OR ZIP: 97004
 Phone: _____ Fax: _____ E-mail: _____
 CCB no.: 119836
 City/metro lic. no.: Jay Jolley
 Name (please print): _____

CONTACT PERSON

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

OWNER

Name: FRANK REICHARD
 Mailing address: 354 BLUEJAY AVE
 City: Forest Grove State: OR ZIP: 97116
 Phone: 357-4017 Fax: _____ E-mail: _____

ENGINEER

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

Applicant's signature: [Signature] Date: 7-24-02
 Name (print): _____

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 | \$ 26.50 |
| *Plan review (at 25 %) | \$ _____ |
| State surcharge (8%) | \$ _____ |
| TOTAL | \$ 28.62 |

* Plan Review fees charged 440-4617 (6:00:COM)



COMMUNITY DEVELOPMENT DEPARTMENT
Building and Code Enforcement
INSPECTION REQUEST
 503-992-3206

Site Address 354 Blue Jay Ave
 Contractor Frank
 Phone Number _____

Scheduled Inspection Date 7-26-02
 Mon Tues Wed Thurs Fri
 AM PM other First thing
 Permit Number MEC02-00131

- | BUILDING | PLUMBING | MECHANICAL | MANUFACTURED HOME |
|--|---|--|--|
| <input type="checkbox"/> Footing / Pier | <input type="checkbox"/> Underground | <input checked="" type="checkbox"/> Gas Piping | <input type="checkbox"/> M/H Blocking |
| <input type="checkbox"/> Foundation Wall | <input type="checkbox"/> Underfloor (P & B) | <input type="checkbox"/> Underfloor (P & B) | <input type="checkbox"/> M/H Mechanical |
| <input type="checkbox"/> Post & Beam | <input type="checkbox"/> Top Out (Rough) | <input type="checkbox"/> Rough Mechanical | <input type="checkbox"/> M/H Water/Sewer |
| <input type="checkbox"/> Shear | <input type="checkbox"/> Water Line | <input checked="" type="checkbox"/> HVAC (Final) | <input type="checkbox"/> M/H Electrical |
| <input type="checkbox"/> Framing | <input type="checkbox"/> Rain/Crawl Drains | <input type="checkbox"/> Woodstove | <input type="checkbox"/> M/H Final |
| <input type="checkbox"/> Insulation | <input type="checkbox"/> Storm Drainage | <input type="checkbox"/> Other | <input type="checkbox"/> Other |
| <input type="checkbox"/> Drywall | <input type="checkbox"/> Sanitary Sewer | Comments: _____ | |
| <input type="checkbox"/> Approach/Sidewalk | <input type="checkbox"/> Backflow | _____ | |
| <input type="checkbox"/> Other | <input type="checkbox"/> Water Heater | _____ | |
| <input type="checkbox"/> Planning | <input type="checkbox"/> Other | _____ | |
| <input type="checkbox"/> Final | <input type="checkbox"/> Final | _____ | |

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

CORRECTIONS:
gas pressure test app



Date: 7-26-02 Inspector: [Signature]

HOME OCCUPANCY PERMIT

CITY OF FOREST GROVE
1924 COUNCIL STREET
FOREST GROVE, OR 97116-2311
(503) 359-3229

PERMIT NO.: BUS99-0053
APPLIED: 07/12/99
ISSUED: 07/27/99
EXPIRES: 07/27/09

BUSINESS NAME: FOREST GROVE AUTO BROKER
SITE ADDRESS: 354 BLUEJAY AVE.
PARCEL NO.: 1N435AC06100
BUSINESS USE: Car sales.

| | |
|---|----------------|
| BUSINESS REICHARD, FRANK 354 BLUEJAY AVE FOREST GROVE OR 97116 357-4017 | BUILDING OWNER |
|---|----------------|

| | |
|--|--|
| FEES Code Amount---- By- Date---- Receipt PRMT \$ 59.00 ALL 07/12/99 62906 TOTAL \$ 59.00 | TYPE OF OCCUPANCY...:HOM TYPE OF OWNERSHIP...:PRO TYPE OF BUSINESS...:SER STAFF CONTACT.....:LV |
|--|--|

Issued by _____

Emergency Names & Numbers _____



COMMUNITY DEVELOPMENT DEPARTMENT

Building and Code Enforcement

INSPECTION REQUEST

359-3229

Site Address 354 Bluejay
Contractor Goff
Phone Number _____

Scheduled Inspection Date 6/2/97
Mon Tues Wed Thurs Fri
AM PM other _____
Permit Number _____

BUILDING

- _____ Footing / Pier
- _____ Foundation Wall
- _____ Post & Beam
- _____ Framing
- _____ Shear Wall Nailing
- _____ Insulation
- _____ Drywall
- _____ Approach Sidewalk
- Other planning
- _____ Final

PLUMBING

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

MECHANICAL & OTHER

- _____ Gas Piping
- _____ Gas vent
- _____ HVAC
- _____ Woodstove
- _____ Manufactured Home Setup
- _____ Other

Comments _____

APPROVED

NOT APPROVED
(REINSPECTION REQUIRED)

APPROVED AFTER
CORRECTIONS
(NO REINSPECTION REQUIRED)

STOP WORK

CORRECTIONS:

- ① REMOVE CONSTRUCTION DEBRIS
- ② BACKFILL AT END OF SIDEWALK
- ③ REPAIR "BLUMP" ON SIDEWALK

Date: 6/2/97

Inspector: JR

JK



COMMUNITY DEVELOPMENT DEPARTMENT

Building and Code Enforcement

INSPECTION REQUEST

359-3229

Site Address 354 Bluejay Ave
 Contractor Goff
 Phone Number _____

Scheduled Inspection Date 6/2/97
 Mon Tues Wed Thurs Fri
 AM PM other _____
 Permit Number _____

BUILDING

- _____ Footing / Pier
- _____ Foundation Wall
- _____ Post & Beam
- _____ Framing
- _____ Shear Wall Nailing
- _____ Insulation
- _____ Drywall
- _____ Approach Sidewalk
- _____ Other
- Final

PLUMBING

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

MECHANICAL & OTHER

- _____ Gas Piping
- _____ Gas vent
- HVAC
- _____ Woodstove
- _____ Manufactured Home Setup
- _____ Other

Comments _____

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

CORRECTIONS:

1. OBTAIN PLANNING APPROVAL
2. KITCHEN EXHAUST NOT WORKING
3. PROVIDE DOOR TO CRAWL SPACE. CLEAN CRAWL AREA.
4. NEEDS INSULATION CERTIFICATE.

Plans Archived

Date: 6-2-97

Inspector: [Signature]

[Signature]



COMMUNITY DEVELOPMENT DEPARTMENT
Building and Code Enforcement

INSPECTION REQUEST
359-3229

Site Address 354 Bluejay
Contractor
Phone Number

Scheduled Inspection Date 4-18-97
Mon [] Tues [] Wed [] Thurs [] Fri [x]
AM [x] PM [] other
Permit Number Bid 96-0298

BUILDING

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

PLUMBING

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

MECHANICAL & OTHER

- Gas Piping
Gas vent
HVAC
Woodstove
Manufactured Home Setup
Other

Comments

Comments lines

[x] APPROVED

[] NOT APPROVED
(REINSPECTION REQUIRED)

[] APPROVED AFTER
CORRECTIONS
(NO REINSPECTION REQUIRED)

[] STOP WORK

CORRECTIONS:

Multiple horizontal lines for corrections

4-18-97

Inspector signature

Date:

Inspector:



COMMUNITY DEVELOPMENT DEPARTMENT
Building and Code Enforcement

INSPECTION REQUEST
359-3229

Site Address 354 Bluejay
Contractor
Phone Number

Scheduled Inspection Date 3-27-97
Mon [] Tues [] Wed [] Thurs [x] Fri []
AM [] PM [] other
Permit Number

BUILDING

- Footing / Pier
Foundation Wall
Post & Beam
Framing
Shear Wall Nailing
Insulation
[X] Drywall
Approach Sidewalk
Other
Final

PLUMBING

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

MECHANICAL & OTHER

- Gas Piping
Gas vent
HVAC
Woodstove
Manufactured Home Setup
Other

Comments

[] APPROVED [x] NOT APPROVED (REINSPECTION REQUIRED)
[] APPROVED AFTER CORRECTIONS (NO REINSPECTION REQUIRED) [] STOP WORK

CORRECTIONS:

PROVIDE APPROVED PLANS - IIBP?

NOTE: GREEN ROCK AT UPSTAIRS TUB MUST EXTEND 6' ABOVE DRAIN

[Handwritten initials]

Date: 3-27-97 Inspector: [Signature]



COMMUNITY DEVELOPMENT DEPARTMENT
Building and Code Enforcement

INSPECTION REQUEST
359-3229

Site Address 354 BLUE JAY
Contractor
Phone Number

Scheduled Inspection Date 3-10-97
Mon [] Tues [] Wed [] Thurs [] Fri []
AM [] PM [] other
Permit Number

BUILDING

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

PLUMBING

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

MECHANICAL & OTHER

- [X] Gas Piping
Gas vent
HVAC
Woodstove
Manufactured Home Setup
Other

Comments

[X] APPROVED
[] NOT APPROVED (REINSPECTION REQUIRED)
[] APPROVED AFTER CORRECTIONS (NO REINSPECTION REQUIRED)
[] STOP WORK

CORRECTIONS:

20th TEST OK

NOTE:
EACH APPLIANCE MUST HAVE A DRIP LEG.

Date:

3-10-97

Inspector:

[Signature]



COMMUNITY DEVELOPMENT DEPARTMENT
Building and Code Enforcement

INSPECTION REQUEST
359-3229

Site Address 354 Bluejay
Contractor
Phone Number

Scheduled Inspection Date 3-7-97
Mon [] Tues [] Wed [] Thurs [] Fri [X]
AM [] PM [] other
Permit Number

BUILDING

- Footing / Pier
Foundation Wall
Post & Beam
Framing
Shear Wall Nailing
[X] Insulation
Drywall
Approach Sidewalk
Other
Final

PLUMBING

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

MECHANICAL & OTHER

- Gas Piping
Gas vent
HVAC
Woodstove
Manufactured Home Setup
Other

Comments

- [X] APPROVED
[] NOT APPROVED (REINSPECTION REQUIRED)
[] APPROVED AFTER CORRECTIONS (NO REINSPECTION REQUIRED)
[] STOP WORK

CORRECTIONS:

Correction at stairs
not complete

Date:

3-7-97

Inspector:

[Signature]



COMMUNITY DEVELOPMENT DEPARTMENT

Building and Code Enforcement

INSPECTION REQUEST

359-3229

2280
2290

Site Address 354 BLUE JAY

Scheduled Inspection Date 3-4-97

Contractor _____

Mon Tues Wed Thurs Fri

Phone Number _____

AM PM other _____

Permit Number _____

BUILDING

- _____ Footing / Pier
- _____ Foundation Wall
- _____ Post & Beam
- Framing
- _____ Shear Wall Nailing
- _____ Insulation
- _____ Drywall
- _____ Approach Sidewalk
- _____ Other
- _____ Final

PLUMBING

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

MECHANICAL & OTHER

- Gas Piping
- Gas vent
- HVAC
- _____ Woodstove
- _____ Manufactured Home Setup
- _____ Other

Comments

APPROVED

NOT APPROVED
(REINSPECTION REQUIRED)

APPROVED AFTER
CORRECTIONS

STOP WORK

CORRECTIONS:

ELECT APPROVAL

Post UNDER 4x10 IN Laundry Room

OK 4x12 beam plan
CALLS for #1 AT
2ND LEVEL 1" ALL

ADD BACKING AT STAIR
STRINGERS NAILS to plywood

(2) 2x4s post AT F.R. wrong
LOCATION

OK TO INSULATE after ELECT

Date:

3-4-97

Inspector:

Davey



COMMUNITY DEVELOPMENT DEPARTMENT
Building and Code Enforcement

INSPECTION REQUEST
359-3229

Site Address 354 Bluejay
Contractor
Phone Number

Scheduled Inspection Date 2-21-97
Mon [] Tues [] Wed [] Thurs [] Fri []
AM [X] PM [] other
Permit Number

BUILDING

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

PLUMBING

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

MECHANICAL & OTHER

- Gas Piping
Gas vent
HVAC
Woodstove
Manufactured Home Setup
Other

Comments



[X] APPROVED

[] NOT APPROVED
(REINSPECTION REQUIRED)

[] APPROVED AFTER
CORRECTIONS
(NO REINSPECTION REQUIRED)

[] STOP WORK

CORRECTIONS:

Lined area for recording corrections



Date: 2-24-97

Inspector: Carl



COMMUNITY DEVELOPMENT DEPARTMENT
Building and Code Enforcement

INSPECTION REQUEST
359-3229

Site Address 354 Blue Jay
Contractor
Phone Number

Scheduled Inspection Date 2-21-97
AM O PM O other
Permit Number

BUILDING

- Footing / Pier
Foundation Wall
Post & Beam
Framing
X Shear Wall Nailing
Insulation
Drywall
Approach Sidewalk
Other
Final

PLUMBING

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

MECHANICAL & OTHER

- Gas Piping
Gas vent
HVAC
Woodstove
Manufactured Home Setup
Other

Comments

X APPROVED

NOT APPROVED
(REINSPECTION REQUIRED)

APPROVED AFTER
CORRECTIONS
(NO REINSPECTION REQUIRED)

STOP WORK

CORRECTIONS:

SHEAR NAILING ONLY

Date:

2-21-97

Inspector:

Inspector signature



COMMUNITY DEVELOPMENT DEPARTMENT
Building and Code Enforcement

INSPECTION REQUEST
359-3229

Site Address 354 Bluejay
Contractor
Phone Number

Scheduled Inspection Date 1-10-97
AM O PM O other
Permit Number

BUILDING

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

PLUMBING

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

MECHANICAL & OTHER

- Gas Piping
Gas vent
HVAC
Woodstove
Manufactured Home Setup
Other

Comments

[X] APPROVED

[] NOT APPROVED
(REINSPECTION REQUIRED)

[] APPROVED AFTER
CORRECTIONS
(NO REINSPECTION REQUIRED)

[] STOP WORK

CORRECTIONS:

Lined area for recording corrections, with a red signature at the bottom right.

Date: 1-10-97 Inspector: [Signature]



COMMUNITY DEVELOPMENT DEPARTMENT
Building and Code Enforcement

INSPECTION REQUEST
359-3229

Site Address 354 Bluejay
Contractor Goff
Phone Number

Scheduled Inspection Date 1/8/97
AM X PM O other
Permit Number

BUILDING

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

PLUMBING

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

MECHANICAL & OTHER

- Gas Piping
Gas vent
HVAC
Woodstove
Manufactured Home Setup
Other

Comments

APPROVED

NOT APPROVED
(REINSPECTION REQUIRED)

APPROVED AFTER CORRECTIONS
(NO REINSPECTION REQUIRED)

STOP WORK

CORRECTIONS:

ADD ADDITIONAL POST UNDER END OF BEAM - NEXT TO PLENUM

HVAC: OK

UNDERFLOOR GAS PIPING: OK

Date:

1-9-97

Inspector:

[Signature]



COMMUNITY DEVELOPMENT DEPARTMENT
Building and Code Enforcement

INSPECTION REQUEST
359-3229

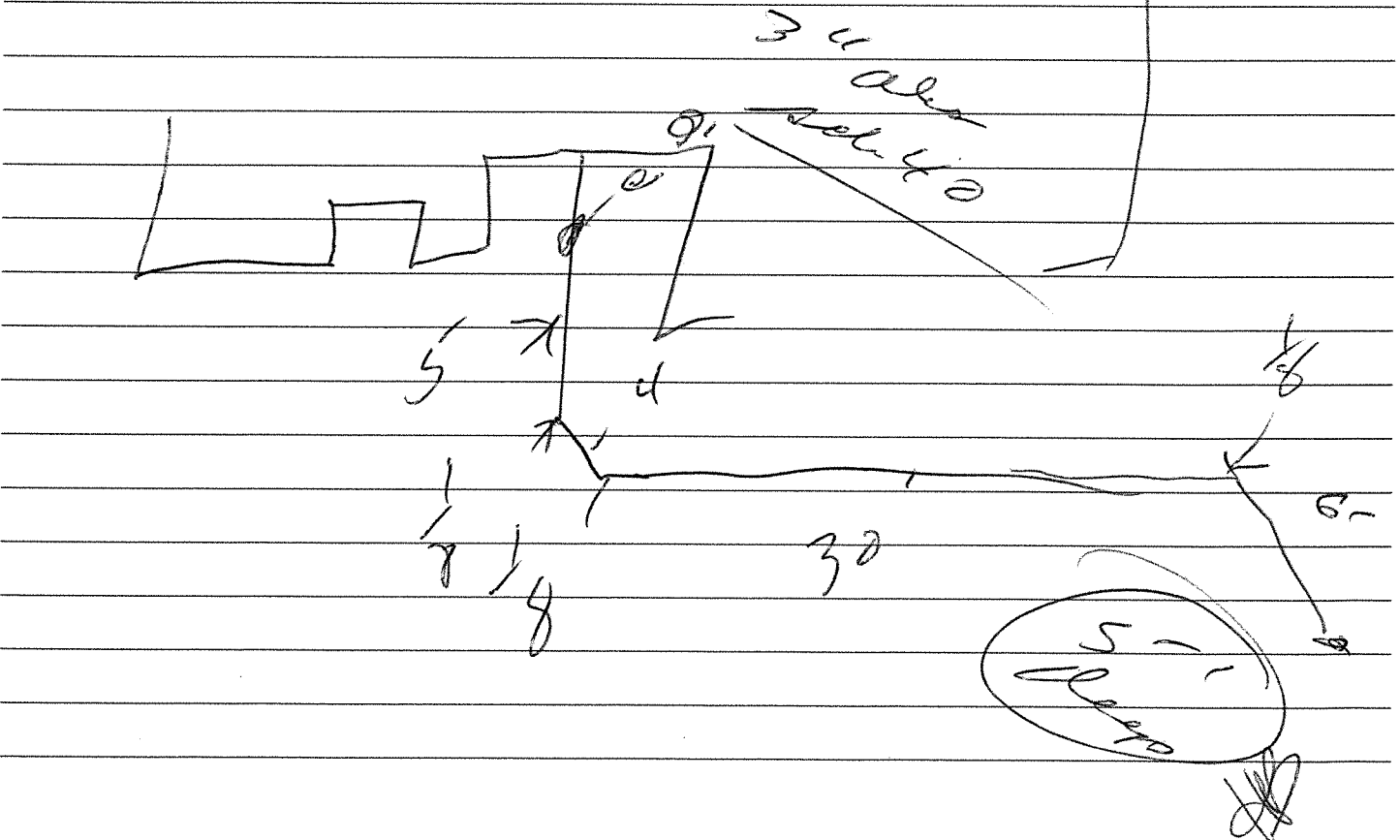
Site Address 354 Blaney
Contractor
Phone Number 649-8117
720-5174-mobile

Scheduled Inspection Date 1-3-97
AM O PM O other Late Am
Permit Number

- BUILDING: Footing / Pier, Foundation Wall, Post & Beam, Framing, Shear Wall Nailing, Insulation, Drywall, Approach Sidewalk, Other, Final
PLUMBING: Underground, Underfloor (P & B), Top Out (Rough In), Water Line, Rain/Crawl Drains, Storm Drainage, Sanitary Sewer, Backflow, Other, Final
MECHANICAL & OTHER: Gas Piping, Gas vent, HVAC, Woodstove, Manufactured Home Setup, Other
Comments

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

CORRECTIONS:



Date: 1-3-97 Inspector: Cool



COMMUNITY DEVELOPMENT DEPARTMENT
Building and Code Enforcement

INSPECTION REQUEST
359-3229

Site Address 354 Blujay
Contractor
Phone Number

Scheduled Inspection Date 12-23-96
AM PM other
Permit Number

- BUILDING: Footing / Pier (checked), Foundation Wall (checked), Post & Beam, Framing, Shear Wall Nailing, Insulation, Drywall, Approach Sidewalk, Other, Final.
PLUMBING: Underground, Underfloor (P & B), Top Out (Rough In), Water Line, Rain/Crawl Drains, Storm Drainage, Sanitary Sewer, Backflow, Other, Final.
MECHANICAL & OTHER: Gas Piping, Gas vent, HVAC, Woodstove, Manufactured Home Setup, Other.
Comments

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

CORRECTIONS:
(1) FINISH INSTALLING HOLDDOWNS PER PLANS
(2) INSTALL REBAR PER DETAIL
(3) ENSURE EXCESS WATER & MUD IS OUT OF FORMS BEFORE PLACING CONCRETE

SOILS REPORT OK

Date: 12-23-96 Inspector: [Signature]

BUILDING PERMIT

CITY OF FOREST GROVE
 1924 COUNCIL STREET
 FOREST GROVE, OR 97116-2311
 (503) 359-3229

PERMIT NO.: BLD96-0298
 APPLIED: 08/13/96
 ISSUED: 12/11/96
 EXPIRES: 06/09/97

SITE ADDRESS: 354 BLUEJAY AVE
 ASSESSOR'S PARCEL NO.: 1N435AC06100

Issued by _____

PROJECT DESCRIPTION: New single family residence. - lot 64 - NEW PLANS -
 previous plans withdrawn by owners

| | | |
|---|--|--------------------|
| OWNER ADAMS, TOM & KELLY BUXTON STREET FOREST GROVE OR 97116 | CONTRACTOR GOFF HOMES INC. SCOTT GOFF 44165 NW PURDIN ROAD FOREST GROVE OR 97116 359-5249 101909 EXPIRES:09/01/96 | ARCHITECT/ENGINEER |
|---|--|--------------------|

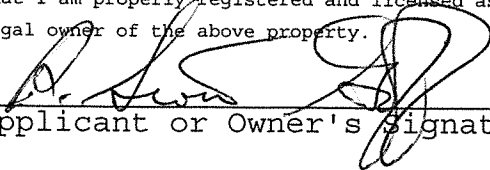
| | | |
|----------------------|-------------------------|-----------------------|
| TYPE OF WORK.:NEW | BASEMENT...: 0:sf | REQUIRED----- |
| TYPE OF USE.:SF | GARAGE.....: 608:sf | FIRE SPRNKL?..? |
| STORIES.....: 2 | MEZZANINE...: 0:sf | SMOKE DET.....? |
| HEIGHT.....: 0.00:ft | DWELLING UNITS: 1 | FIRE ALARM?..? |
| FLOOR LOAD...: 0 psi | BEDROOMS.....: 4 | HANDICAP ACC?..? |
| CENSUS CAT...:101 | BATHS.....: 3 | PRO. CORRIDOR?..? |
| TYPE OF CONST:? | VALU....\$: 157640: | REQUIRED SETBACKS---- |
| OCCUP. GROUP.:? | ROOF CLASS.....:? | FRONT.....: 20.00:ft |
| OCCUP. LOAD...: 0 0 | AREA SEPAR. RATE.....:? | SIDE(1)...: 20.00:ft |
| FLOOR AREAS----- | OCC. SEPAR. RATE.....:? | SIDE(2)...: 8.00:ft |
| FIRST.....: 1137:sf | STREET TREES...: 2 | REAR.....: 62.00:ft |
| SECOND.....: 1148:sf | IMPRV SURF.: 0: | REQUIRED PARKING-- |
| THIRD.....: 0:sf | STREET CLASS...:LOC | TOTAL.....: 4 : |
| TOTAL-----: 2285:sf | | HANDICAPD: 0 : |
| | | COMPACT...: 0 : |

| FEES | | | | | | | | | |
|------|------------|-----|----------|---------|-------|------------|-----|----------|---------|
| Code | Amount---- | By- | Date---- | Receipt | Code | Amount---- | By- | Date---- | Receipt |
| SITE | \$ 87.00 | ALL | 08/13/96 | 58398 | TRF1 | \$ 120.00 | ALL | 12/11/96 | 58778 |
| PLST | \$ 375.70 | ALL | 08/13/96 | 58398 | TRF2 | \$ 1570.00 | ALL | 12/11/96 | 58778 |
| PRMT | \$ 578.00 | ALL | 12/11/96 | 58778 | SUR2 | \$ 180.00 | ALL | 12/11/96 | 58778 |
| SURC | \$ 28.90 | ALL | 12/11/96 | 58778 | SUR3 | \$ 100.00 | ALL | 12/11/96 | 58778 |
| SWR1 | \$ 2200.00 | ALL | 12/11/96 | 58778 | ERO1 | \$ 64.00 | ALL | 12/11/96 | 58778 |
| WTR1 | \$ 300.00 | ALL | 12/11/96 | 58778 | | | | | |
| WTR2 | \$ 1000.00 | ALL | 12/11/96 | 58778 | | | | | |
| PRK1 | \$ 735.00 | ALL | 12/11/96 | 58778 | TOTAL | \$ 7338.60 | | | |

SPECIAL CONDITIONS APPLY - SEE PAGE 2

I This permit becomes null and void if work or construction is not commenced within 180 days, or if construction or work is suspended or abandoned for a period of 180 days at any time after work is commenced.

I have read this permit and state that the above is correct and agree to comply with all City ordinances and State laws. I certify that I am properly registered and licensed as required by the City of Forest Grove and State of Oregon, or that I am the legal owner of the above property.



 Applicant or Owner's Signature

24 Hour Notice Required For All Inspections 503-359-3229

Conditions of Approval - Permit no.: BLD96-0298

For: GOFF HOMES INC.

Page: 2

- 1) Driveway width not to exceed thirty (30) feet.
- 2) Install construction access - 8" minimum depth base rock pad 20 foot minimum from property line. Do not track mud onto streets.
- 3) Install erosion control fencing as required per Unified Sewerage Agency standard specifications.
- 4) Pipe all roof water through 3" minimum diameter pipe per Uniform Plumbing Code and through curb weep holes to street per city standard specifications.
- 5) Install concrete sidewalk and drive approach per City standard specifications.
- 6) 2 Summit Ashes (*Fraxinus pennsylvanica* 'Summit') to be planted in parkway. Minimum 2 inch caliper / 6 foot branch height. Locations to be staked by the City. If you have questions call Jim Smither at 359-3226.

PLUMBING PERMIT

CITY OF FOREST GROVE
 1924 COUNCIL STREET
 FOREST GROVE, OR 97116-2311
 (503) 359-3229

PERMIT NO.: PLM96-0255
 APPLIED: 08/28/96
 ISSUED: 12/11/96
 EXPIRES: 06/09/97

SITE ADDRESS: 354 BLUEJAY AVE
 ASSESSOR'S PARCEL NO.: 1N435AC06100

PROJECT DESCRIPTION: New single family residence. - lot 64 - NEW PLANS - previous plans withdrawn by owners

| | | |
|---|---|----------|
| OWNER ADAMS, TOM & KELLY BUXTON STREET FOREST GROVE OR 97116 | CONTRACTOR RIGID PLUMBING TOM PIERSON P.O. BOX 345 FOREST GROVE OR 97116 357-6897 357-0261 43140 EXPIRES:07/20/96 | ENGINEER |
|---|---|----------|

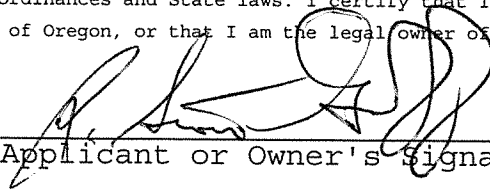
| | | |
|----------------------|----------------------|---------------------------|
| TYPE OF WORK.....? | WASHING MACHINES: 0 | WTR PIPING/TREAT...: 0 ft |
| TYPE OF USE.....? | WATER HEATER.....: 0 | STORM SEWER.....: 0 ft |
| TYPE OF CONSTR:? | WATER CLOSETS...: 0 | SANITARY SEWER...: 0 ft |
| NMBR OF BATHS...:3.0 | URINALS.....: 0 | HOSE BIBBS.....: 0 |
| NMBR OF BEDROOMS: 0 | BATH TUBS.....: 0 | GREASE TRAPS.....: 0 |
| NMBR OF STORIES.: 0 | SHOWERS.....: 0 | BACKFLOW PREVENTER.: 0 |
| DISHWASHERS.....: 0 | FLOOR DRAINS...: 0 | ADD'L FIXTURES.....: 0 |
| LAVATORIES.....: 0 | FLOOR SINKS...: 0 | |
| KITCHEN SINKS...: 0 | CATCH BASINS...: 0 | |

| FEES | NOTES |
|--------------------------------------|-------|
| Code Amount---- By- Date---- Receipt | |
| PRM1 \$ 250.00 ALL 12/11/96 58778 | |
| SUR1 \$ 12.50 ALL 12/11/96 58778 | |
| | |
| | |
| | |
| | |
| | |
| TOTAL \$ 262.50 | |

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I have read this permit and agree to comply with all City ordinances and State laws. I certify that I am properly registered and licensed as required by the City of Forest Grove and State of Oregon, or that I am the legal owner of the above property.

Issued by _____


 Applicant or Owner's Signature

**Plumbing inspections are done Monday, Wednesday and Friday mornings
 from 9:00 am to 12:00 pm ONLY**

24 Hour Notice Required For All Inspections - Call 503-359-3229

BUDG - ~~0211~~ 0298

REC# 58778



SANITARY • SURFACE WATER Permit

DATE 12-11-96 WATER DISTRICT FOREST GROVE PERMIT NUMBER 50567
 PROJECT # _____ LOT 64 BLOCK _____ OF ARCTIC KNOW 6
 OWNER GOLF HOMES ADDRESS 44165 NW PORDIN RD CITY FOREST GROVE
 STATE OR ZIP 97116 OWNER PHONE 359-5249
 CONNECTION ADDRESS 354 Bluejay Ave TAX MAP IN435-A TAX LOT 6100
 SURCHARGE DIST _____ TREATMENT PLANT _____ QTR SEC _____ UPSTRM MH _____
 TYPE OF CONNECT NEW TYPE OF INSTALLATION bdg Sewer TYPE OF OCCUPANCY S/F

CONNECTION FEES

SITE FEES

| | | |
|---------------------------------|--------------------------|---------------------------------|
| RESIDENTIAL DWELLING UNITS | COMMERCIAL FIXTURE UNITS | IMPRV SQ FT |
| SERVICE UNITS | IMPV SQ FT | ACREAGE |
| DEMOLITION SURCHARGE | | PUBLIC () PRIVATE () BOTH () |
| SANI LINE TAP | | PLAN CHECK SANI |
| SWM LINE TAP | | PLAN CHECK SWM |
| PRE EX (GF) | | SYSTEM DEVELOPMENT |
| MISCELLANEOUS | | WATER QUALITY |
| SEWER CONNECTION <u>2200.00</u> | | LESS CREDIT <-----> |
| TEMP CONNECTION | | WATER QUANTITY |
| PROCESSING | | LESS CREDIT <-----> |

SURFACE WATER SYSTEMS DEVELOP FEES

EROSION CONTROL FEES

| | | | |
|----------------|------------|---------------|----------------|
| WATER QUALITY | <u>180</u> | INSPECTION | <u>64</u> |
| LESS CREDIT | <-----> | PLAN CHECK | |
| WATER QUANTITY | <u>100</u> | LINE TAP INSP | |
| LESS CREDIT | <-----> | TOTAL | <u>2544.00</u> |

EXP DATE 6-11-97 ISSUED BY [Signature]
 SIGNATURE [Signature] APP PHONE 359-5249
 APP NAME R. Scott Goff AFFILIATION GOLF HOMES (BUILDER)

REMARKS _____

Permit Conditions: The applicant agrees to comply with all rules and regulations of the Unified Sewerage Agency. When calling for an inspection, please refer to the Permit Number. The Permit expires one hundred eighty (180) days from the date of issuance. The Agency does not guarantee the accuracy of the location of side sewer laterals.

This home has been professionally insulated with

Owens-Corning Fiberglas® Insulation



(503) 434-2838
(503) 391-2790

PO Box 1357
McMinnville, OR 97128

CCB #109479



To meet the stated thermal resistances (R-Values), the manufacturer provides the following specifications:

Blanket Insulation

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

| R-Value | Minimum Thickness |
|--|---------------------------------|
| To Obtain an insulation resistance R of: | Installed insulation should be: |
| R-38 | 12" Thick |
| R-38C | 10 1/4" Thick |
| R-30 | 9 1/2" Thick |
| R-30C | 8 1/4" Thick |
| R-25 | 8" Thick |
| R-22 | 6 3/4" Thick |
| R-21 | 5 1/2" Thick |
| R-19 | 6 1/4" Thick* |
| R-15 | 3 1/2" Thick |
| R-13 | 3 1/2" Thick |
| R-11 | 3 1/2" Thick |

* R-18 in a 5 1/2" cavity

Unfaced insulation is branded to identify R-value.

| | | | |
|------|-----------|-------|-----------|
| R-11 | 3 stripes | R-22 | 6 stripes |
| R-13 | 4 stripes | R-25 | 1 stripe |
| R-15 | 2 stripes | R-30 | 2 stripes |
| R-19 | 5 stripes | R-30C | 3 stripes |
| R-21 | 4 stripes | R-38 | 4 stripes |
| | | R-38C | 1 stripe |

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

Nominal net weight of insulation per bag is 35 lbs.

| R-VALUE* | BAGS PER 1000 SQ.FT. | MAXIMUM NET COVERAGE | MINIMUM WEIGHT SQ.FT. | MINIMUM THICKNESS |
|--|---|--|--|---|
| To obtain an insulation resistance R of: | No. of bags per 1000 sq.ft. of net area shall not be less than: | Contents of this bag should not cover more than: | Weight per sq.ft. of installed insulation should not be less than: | Installed insulation should not be less than: |
| R-49 | 26.3 | 38 Sq.Ft. | 0.922 | 20 1/2 in. |
| R-44 | 23.3 | 43 Sq.Ft. | 0.822 | 18 1/2 in. |
| R-38 | 20.0 | 50 Sq.Ft. | 0.705 | 16 in. |
| R-30 | 15.6 | 64 Sq.Ft. | 0.550 | 12 3/4 in. |
| R-26 | 13.5 | 74 Sq.Ft. | 0.474 | 11 in. |
| R-22 | 11.4 | 88 Sq.Ft. | 0.399 | 9 1/2 in. |
| R-19 | 9.8 | 102 Sq.Ft. | 0.343 | 8 1/4 in. |
| R-11 | 5.6 | 178 Sq.Ft. | 0.197 | 4 3/4 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.

354 Bluy 24

The following products have been installed as specified above:

| | Type (Check appropriate box) | | | | | R-Value | Thickness | No. Pkgs. | Coverage Area |
|----------|------------------------------|-------------------------------------|--------------------------|--------------------------|-------------------------------------|---------|-----------|-----------|---------------|
| | kraft | unfaced | foil | FS-25 | loose fill | | | | |
| Ceilings | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | R-38 | 110" | 24 | 11487 |
| Floors | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | R-25 | | | |
| Walls | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | R-21 | | | |

Installed by:

Kurt Kershaw
signature

APR 01 1997

date

Builder:

signature

date

This home has been professionally insulated with

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| R-19 | 6 1/4" Thick† |
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| R-13 | 3 1/2" Thick |
| R-11 | 3 1/2" Thick |

† R-18 in a 5 1/2" cavity

Unfaced insulation is branded to identify R-value.

| | | | |
|------|-----------|-------|-----------|
| R-11 | 3 stripes | R-22 | 6 stripes |
| R-13 | 4 stripes | R-25 | 1 stripe |
| R-15 | 2 stripes | R-30 | 2 stripes |
| R-19 | 5 stripes | R-30C | 3 stripes |
| R-21 | 4 stripes | R-38 | 4 stripes |
| | | R-38C | 1 stripe |

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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

Nominal net weight of insulation per bag is 35 lbs.

| R-VALUE* | BAGS PER 1000 SQ.FT | MAXIMUM NET COVERAGE | MINIMUM WEIGHT SQ.FT. | MINIMUM THICKNESS |
|--|---|--|--|---|
| To obtain an insulation resistance R of: | No. of bags per 1000 sq.ft. of net area shall not be less than: | Contents of this bag should not cover more than: | Weight per sq.ft. of installed insulation should not be less than: | Installed insulation should not be less than: |
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| R-26 | 13.5 | 74 Sq.Ft. | 0.474 | 11 In. |
| R-22 | 11.4 | 88 Sq.Ft. | 0.399 | 9 1/2 In. |
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354 Bluejay

The following products have been installed as specified above:

| | Type (Check appropriate box) | | | | | R-Value | Thickness | No. Pkgs. | Coverage Area |
|----------|------------------------------|-------------------------------------|--------------------------|--------------------------|-------------------------------------|---------|-----------|-----------|---------------|
| | kraft | unfaced | foil | FS-25 | loose fill | | | | |
| Ceilings | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | R-38 | 16" | 24 | 1148* |
| Floors | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | R-25 | | | |
| Walls | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | R-21 | | | |

Installed by:

Kurt Kershaw

signature

APR 01 1997

date

Builder:

signature

date

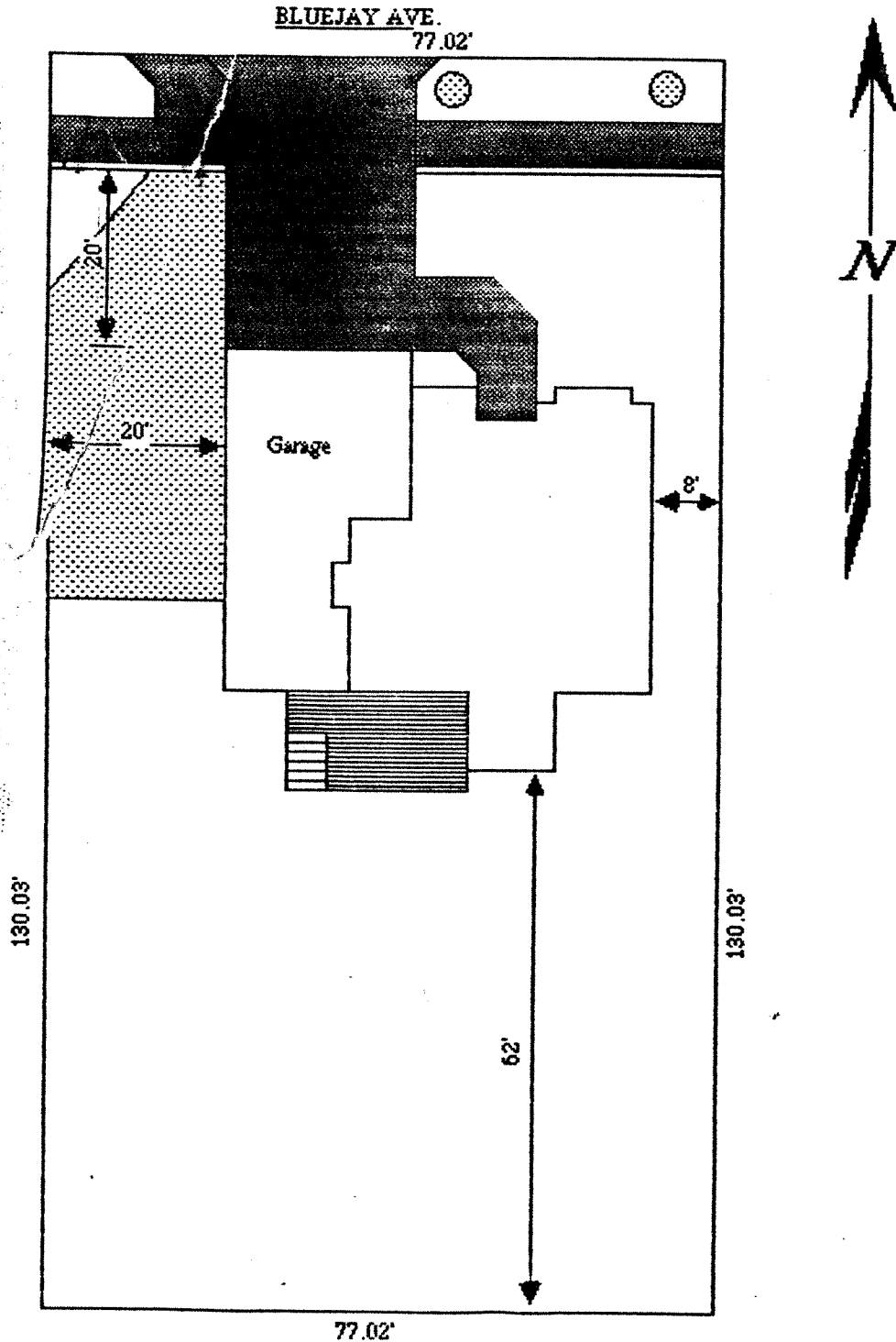
te: 08/13/96

GOFF HOMES INC.

44165 N.W. Purdin Rd.
Forest Grove, Ore. 97116
Ph. 359-5249

Job Address:
LOT # 64 ARCH KNOLL #6
354 BLUE JAY AVE.
FOREST GROVE, ORE.
97116

PLOT MAP





A place where businesses and families thrive.

City of Forest Grove

1924 Council St
Forest Grove, OR 97116
503-992-3229
Fax: 503-992-3202

Building Permit

Residential Mechanical

Permit Number: 311-21-000400-MECH

IVR Number: 311060732165

Web Address: www.forestgrove-or.gov

Email Address: cd@forestgrove-or.gov

Permit Issued: June 11, 2021

Application Date: June 11, 2021

Project: Steltenpohl

TYPE OF WORK

Mechanical Specialty Code Edition: 2017

Category of Construction: Single Family Dwelling

Type of Work: Replacement

Submitted Job Value: \$9,200.00

Description of Work: Install Gas Furnace & Air Conditioner

JOB SITE INFORMATION

Worksite Address

354 BLUEJAY AVE
FOREST GROVE, OR 971161379

Parcel

1N435AA01200

Owner:

STELTENPOHL JEFFREY T
&KRISTEN A

Address:

354 BLUE JAY AVE
FOREST GROVE, OR
97116379

LICENSED PROFESSIONAL INFORMATION

Business Name

FOUR SEASONS HEATING & AIR
CONDITIONING INC
FOUR SEASONS HEATING & AIR
CONDITIONING INC

License

(PB) Plumbing Contractor

CCB

License Number

PB1079

97152

Phone

503-538-1950

503-538-1950

PENDING INSPECTIONS

Inspection

2999 Final Mechanical

Inspection Group

Mech Res

Inspection Status

Pending

SCHEDULING INSPECTIONS

Various inspections are minimally required on each project and often dependent on the scope of work. Contact the issuing jurisdiction indicated on the permit to determine required inspections for this project.

Schedule or track inspections at www.buildingpermits.oregon.gov

Call or text the word "schedule" to 1-888-299-2821 use IVR number: 311060732165

Schedule using the Oregon ePermitting Inspection App, search "epermitting" in the app store

Permits expire if work is not started within 180 Days of issuance or if work is suspended for 180 Days or longer depending on the issuing agency's policy.

All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not. Granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction.

ATTENTION: Oregon law requires you to follow rules adopted by the Oregon Utility Notification Center. Those rules are set forth in OAR 952-001-0010 through OAR 952-001-0090. You may obtain copies of the rules by calling the Center at (503) 232-1987.

All persons or entities performing work under this permit are required to be licensed unless exempted by ORS 701.010 (Structural/Mechanical), ORS 479.540 (Electrical), and ORS 693.010-020 (Plumbing).

| PERMIT FEES | | |
|---|--------------------|----------------|
| Fee Description | Quantity | Fee Amount |
| Air conditioner | 1 | \$11.90 |
| Balance of minimum permit fees - mechanical | | \$3.50 |
| Furnace - up to 100,000 BTU | 1 | \$11.90 |
| State of Oregon Surcharge - Mech (12% of applicable fees) | | \$3.28 |
| | Total Fees: | \$30.58 |

Note: This may not include all the fees required for this project.

Forest Grove Inspection Report

1924 Council Street
Forest Grove, OR 97116

Tel: (503)992-3229

Location:

354 BLUEJAY AVE FOREST GROVE OR 971161379

Inspection Date:

Tue, 27 Jul 2021 09:31 AM

Record Type:

Residential Mechanical

Record ID:

311-21-000400-MECH

Inspection Type:

2999 Final Mechanical

Result:

Approved

Inspector: Yvette Hamilton

Phone: 503-992-3244

Email: yhamilton@forestgrove-or.gov

Comments:

Inspector





A place where businesses and families thrive.

City of Forest Grove

1924 Council St
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Fax: 503-992-3202

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1N435AA01200

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&KRISTEN A

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Mech Res

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Tel: (503)992-3229

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Inspection Date:

Tue, 27 Jul 2021 09:31 AM

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Residential Mechanical

Record ID:

311-21-000400-MECH

Inspection Type:

2999 Final Mechanical

Result:

Approved

Inspector: Yvette Hamilton

Phone: 503-992-3244

Email: yhamilton@forestgrove-or.gov

Comments:

Inspector

