

# City of McMinnville

## Permit Activity Report (Long Version)

Permit Type: BLDCOMBO, BLDMAJOR, BLDMINOR, DEMO , DEV , FLS , MECH , MH , MHPARK , MOVE , OCC , PLUM , PROJ , SIGN ,

People Relationship: APPLICANT , CONTRACTOR, OWNER ,

Issued: 12/14/2018 - 12/20/2018

### Activities Included

|           |  |          |             |            |              |              |      |           |          |
|-----------|--|----------|-------------|------------|--------------|--------------|------|-----------|----------|
| Permit #: | 18B0942  | Applied: | 12/07/2018  | Issued:    | 12/20/2018   | Final:       |      | Type:     | BLDCOMBO |
| Work:     | INTERIOR REMODEL (MOVE EXISTING SINK AND WALL) |          |             |            |              |              |      | Sub-Type: | ACOM     |
| Address:  | 300 NW HILLSIDE PARK WAY                       |          |             | Class:     | 437          | City ID:     | MCMN | Status:   | ISSUED   |
| # Units:  | 0  | Value:   | \$16,500.00 | Project #: |              | Total Fees:  |      |           | \$523    |
| Names:    |  | SQ Ft:   | 0           | Parcel:    | R4419AC00100 | Balance Due: |      |           | \$0      |

|            |  |                |
|------------|--|----------------|
| CONTRACTOR | BEN FACKLER CONSTRUCTION INC                                   | (503) 472-7767 |
|            | PO BOX 194 McMinnville, OR 97128                               |                |
| OWNER      | HILLSIDE SENIOR  |                |
|            | HILLSIDE SENIOR LIV COMMUNITY LLC 91.27% ATTN: ACCTS PAYABLE P |                |
| APPLICANT  | BEN FACKLER CONSTRUCTION INC                                   | (503) 472-7767 |
|            | PO BOX 194 McMinnville, OR 97128                               |                |

|           |                    |          |            |            |              |              |      |           |        |
|-----------|--------------------|----------|------------|------------|--------------|--------------|------|-----------|--------|
| Permit #: | 18B0970            | Applied: | 12/14/2018 | Issued:    | 12/14/2018   | Final:       |      | Type:     | MECH   |
| Work:     | INSTALL GAS INSERT |          |            |            |              |              |      | Sub-Type: | RES    |
| Address:  | 650 NW 19TH ST     |          |            | Class:     |              | City ID:     | MCMN | Status:   | ISSUED |
| # Units:  | 1                  | Value:   | \$0.00     | Project #: |              | Total Fees:  |      |           | \$33   |
| Names:    |                    | SQ Ft:   | 0          | Parcel:    | R4417DB02300 | Balance Due: |      |           | \$0    |

|            |   |                |
|------------|---|----------------|
| APPLICANT  | WSR INC   | (503) 434-1109 |
|            | 245 NE HWY 99W McMinnville, OR 97128                    |                |
| OWNER      | PEKAREK LAURA A 1/2                                     |                |
|            | PEKAREK LAURA A 1/2 650 NW 19TH ST McMinnville OR 97128 |                |
| CONTRACTOR | WSR INC   | (503) 434-1109 |
|            | 245 NE HWY 99W McMinnville, OR 97128                    |                |

|           |   |          |            |            |              |              |      |           |        |
|-----------|---|----------|------------|------------|--------------|--------------|------|-----------|--------|
| Permit #: | 18B0971   | Applied: | 12/17/2018 | Issued:    | 12/17/2018   | Final:       |      | Type:     | MECH   |
| Work:     | INSTALL PROPANE TANK WITH GAS LINE AND FREESTANDING FIREPLACE |          |            |            |              |              |      | Sub-Type: | RES    |
| Address:  | 1215 NE 16TH ST   |          |            | Class:     |              | City ID:     | MCMN | Status:   | ISSUED |
| # Units:  | 1   | Value:   | \$0.00     | Project #: |              | Total Fees:  |      |           | \$39   |
| Names:    |   | SQ Ft:   | 0          | Parcel:    | R4416DB05100 | Balance Due: |      |           | \$0    |

|            |  |                |
|------------|--|----------------|
| APPLICANT  | BLUE STAR GAS ASSOCIATES CO                        | (707) 573-3130 |
|            | 880 NORTH WRIGHT RD SANTA ROSA, CA 95407           |                |
| CONTRACTOR | BLUE STAR GAS ASSOCIATES CO                        | (707) 573-3130 |
|            | 880 NORTH WRIGHT RD SANTA ROSA, CA 95407           |                |
| OWNER      | ROBERTS SCOTT                                      |                |
|            | ROBERTS SCOTT 1215 NE 16TH ST McMinnville OR 97128 |                |

|           |                                   |          |                   |            |                     |              |  |              |             |
|-----------|-----------------------------------|----------|-------------------|------------|---------------------|--------------|--|--------------|-------------|
| Permit #: | <b>18B0975</b>                    | Applied: | <b>12/17/2018</b> | Issued:    | <b>12/17/2018</b>   | Final:       |  | Type:        | <b>PLUM</b> |
| Work:     | <b>NEW BATHROOM (TOILET/SINK)</b> |          |                   |            |                     |              |  | Sub-Type:    | <b>RES</b>  |
| Address:  | <b>1150 NW SHADYWOOD ST</b>       | Class:   |                   | City ID:   | <b>MCMN</b>         | Status:      |  | ISSUED       |             |
| # Units:  | <b>0</b>                          | Value:   | <b>\$0.00</b>     | Project #: |                     | Total Fees:  |  | <b>\$226</b> |             |
| Names:    |                                   | SQ Ft:   | <b>0</b>          | Parcel:    | <b>R4420BA05800</b> | Balance Due: |  | <b>\$0</b>   |             |

|                   |                                 |                             |              |                    |           |             |  |                       |
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| <b>APPLICANT</b>  | <b>HAMPTON PLUMBING COMPANY</b> |                             |              |                    |           |             |  | <b>(503) 538-5629</b> |
|                   | <b>411 S COLLEGE ST</b>         | <b>NEWBERG,OR</b>           | <b>97132</b> |                    |           |             |  |                       |
| <b>CONTRACTOR</b> | <b>HAMPTON PLUMBING COMPANY</b> |                             |              |                    |           |             |  | <b>(503) 538-5629</b> |
|                   | <b>411 S COLLEGE ST</b>         | <b>NEWBERG,OR</b>           | <b>97132</b> |                    |           |             |  |                       |
| <b>OWNER</b>      | <b>WALTZ MARGARET A</b>         |                             |              |                    |           |             |  |                       |
|                   | <b>WALTZ MARGARET A</b>         | <b>1150 NW SHADYWOOD ST</b> |              | <b>MCMINNVILLE</b> | <b>OR</b> | <b>9712</b> |  |                       |

|           |                                   |          |                   |            |                     |              |  |             |             |
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| Permit #: | <b>18B0976</b>                    | Applied: | <b>12/17/2018</b> | Issued:    | <b>12/18/2018</b>   | Final:       |  | Type:       | <b>MECH</b> |
| Work:     | <b>INSTALL DUCTLESS HEAT PUMP</b> |          |                   |            |                     |              |  | Sub-Type:   | <b>RES</b>  |
| Address:  | <b>1342 NE 10TH AVE</b>           | Class:   |                   | City ID:   | <b>MCMN</b>         | Status:      |  | ISSUED      |             |
| # Units:  | <b>1</b>                          | Value:   | <b>\$0.00</b>     | Project #: |                     | Total Fees:  |  | <b>\$37</b> |             |
| Names:    |                                   | SQ Ft:   | <b>0</b>          | Parcel:    | <b>R4421AB02400</b> | Balance Due: |  | <b>\$0</b>  |             |

|                   |   |                         |              |                    |           |              |  |                       |
|-------------------|---|-------------------------|--------------|--------------------|-----------|--------------|--|-----------------------|
| <b>APPLICANT</b>  | <b>FRANK WEBSTER HEATING AND AIR CONDITIONING LLC</b> |                         |              |                    |           |              |  | <b>(503) 472-6597</b> |
|                   | <b>6800 SE BOOTH BEND RD</b>                          | <b>MCMINNVILLE,OR</b>   | <b>97128</b> |                    |           |              |  |                       |
| <b>OWNER</b>      | <b>ARREOLA KATHLEEN M</b>                             |                         |              |                    |           |              |  |                       |
|                   | <b>ARREOLA KATHLEEN M</b>                             | <b>1342 NE 10TH AVE</b> |              | <b>MCMINNVILLE</b> | <b>OR</b> | <b>97128</b> |  |                       |
| <b>CONTRACTOR</b> | <b>FRANK WEBSTER HEATING AND AIR CONDITIONING LLC</b> |                         |              |                    |           |              |  | <b>(503) 472-6597</b> |
|                   | <b>6800 SE BOOTH BEND RD</b>                          | <b>MCMINNVILLE,OR</b>   | <b>97128</b> |                    |           |              |  |                       |

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|-----------|------------------------|----------|-------------------|------------|---------------------|--------------|--|-------------|-------------|
| Permit #: | <b>18B0977</b>         | Applied: | <b>12/18/2018</b> | Issued:    | <b>12/18/2018</b>   | Final:       |  | Type:       | <b>MECH</b> |
| Work:     | <b>INST. HEAT PUMP</b> |          |                   |            |                     |              |  | Sub-Type:   | <b>RES</b>  |
| Address:  | <b>1439 NW ELM ST</b>  | Class:   |                   | City ID:   | <b>MCMN</b>         | Status:      |  | ISSUED      |             |
| # Units:  | <b>1</b>               | Value:   | <b>\$0.00</b>     | Project #: |                     | Total Fees:  |  | <b>\$37</b> |             |
| Names:    |                        | SQ Ft:   | <b>0</b>          | Parcel:    | <b>R4417DC02000</b> | Balance Due: |  | <b>\$0</b>  |             |

|                   |  |                    |              |                    |           |              |  |                       |
|-------------------|--|--------------------|--------------|--------------------|-----------|--------------|--|-----------------------|
| <b>CONTRACTOR</b> | <b>FOUR SEASONS HEATING &amp; AIR CONDITIONING INC</b> |                    |              |                    |           |              |  | <b>(503) 538-1950</b> |
|                   | <b>1005 INDUSTRIAL PARKWAY</b>                         | <b>NEWBERG,OR</b>  | <b>97132</b> |                    |           |              |  |                       |
| <b>OWNER</b>      | <b>STRICKLAND MICHAEL J &amp;</b>                      |                    |              |                    |           |              |  |                       |
|                   | <b>STRICKLAND MICHAEL J &amp;</b>                      | <b>PO BOX 1667</b> |              | <b>MCMINNVILLE</b> | <b>OR</b> | <b>97128</b> |  |                       |
| <b>APPLICANT</b>  | <b>FOUR SEASONS HEATING &amp; AIR CONDITIONING INC</b> |                    |              |                    |           |              |  | <b>(503) 538-1950</b> |
|                   | <b>1005 INDUSTRIAL PARKWAY</b>                         | <b>NEWBERG,OR</b>  | <b>97132</b> |                    |           |              |  |                       |

|           |  |          |                   |            |                     |              |  |              |             |
|-----------|--|----------|-------------------|------------|---------------------|--------------|--|--------------|-------------|
| Permit #: | <b>18B0986</b>   | Applied: | <b>12/18/2018</b> | Issued:    | <b>12/18/2018</b>   | Final:       |  | Type:        | <b>PLUM</b> |
| Work:     | <b>CHANGE OUT TUB TO SHOWER/REPLACE HOT/COLD TO 9 FIXTURES</b> |          |                   |            |                     |              |  | Sub-Type:    | <b>RES</b>  |
| Address:  | <b>1905 NW ST ANDREWS DR</b>                                   | Class:   |                   | City ID:   | <b>MCMN</b>         | Status:      |  | ISSUED       |             |
| # Units:  | <b>0</b>   | Value:   | <b>\$0.00</b>     | Project #: |                     | Total Fees:  |  | <b>\$134</b> |             |
| Names:    |  | SQ Ft:   | <b>0</b>          | Parcel:    | <b>R4417DB07800</b> | Balance Due: |  | <b>\$0</b>   |             |

|                   |                                  |                              |              |                    |  |  |  |                       |
|-------------------|----------------------------------|------------------------------|--------------|--------------------|--|--|--|-----------------------|
| <b>APPLICANT</b>  | <b>RGA SERVICES INC</b>          |                              |              |                    |  |  |  | <b>(503) 550-5880</b> |
|                   | <b>PO BOX 161</b>                | <b>DAYTON,OR</b>             | <b>97114</b> |                    |  |  |  |                       |
| <b>CONTRACTOR</b> | <b>RGA SERVICES INC</b>          |                              |              |                    |  |  |  | <b>(503) 550-5880</b> |
|                   | <b>PO BOX 161</b>                | <b>DAYTON,OR</b>             | <b>97114</b> |                    |  |  |  |                       |
| <b>OWNER</b>      | <b>TINDLE TERRY A CO-TRUSTEE</b> |                              |              |                    |  |  |  |                       |
|                   | <b>TINDLE TERRY A CO-TRUSTEE</b> | <b>1905 NW ST ANDREWS DR</b> |              | <b>MCMINNVILLE</b> |  |  |  |                       |

Permit #: **18B0987** Applied: **12/19/2018** Issued: **12/19/2018** Final: Type: **MECH**  
 Work: **PUSH/ PULL WATER SOURCE HEAT PUMPS FOR ROOMS 201/202** Sub-Type: **COM**  
 Address: **310 NE EVANS ST** Class: City ID: **MCMN** Status: **PENDPAID**  
 # Units: **1** Value: **\$0.00** Project #: Total Fees: **\$172**  
 Names: SQ Ft: **0** Parcel: **R4421BC05000** Balance Due: **\$0**

**APPLICANT** HVAC INC (503) 462-4822  
 5188 SE INTERNATIONAL WAY MILWAUKIE,OR 97222-4602  
**CONTRACTOR** HVAC INC (503) 462-4822  
 5188 SE INTERNATIONAL WAY MILWAUKIE,OR 97222-4602  
**OWNER** OLD OREGON HOTEL PARTNERSHIP  
 OLD OREGON HOTEL PARTNERSHIP PO BOX 25501 PORTLAND OR 97228

Permit #: **18B0988** Applied: **12/19/2018** Issued: **12/19/2018** Final: Type: **BLDMAJOR**  
 Work: **NEW DECK 246 SQ FT** Sub-Type: **DECK**  
 Address: **2491 NW WEST HILLS DR** Class: **434** City ID: **MCMN** Status: **ISSUED**  
 # Units: **0** Value: **\$23,858.00** Project #: Total Fees: **\$275**  
 Names: SQ Ft: **0** Parcel: **R4419BD00100** Balance Due: **\$0**

**OWNER** MORELL JENNIFER A  
 MORELL JENNIFER A 2491 NW WEST HILLS DR MCMINNVILLE OR 97128  
**CONTRACTOR** SOMERSET HILLS CONSTRUCTION LLC (541) 968-3469  
 2591 WINDSOR CIR W EUGENE,OR 97405  
**APPLICANT** SOMERSET HILLS CONSTRUCTION LLC (541) 968-3469  
 2591 WINDSOR CIR W EUGENE,OR 97405

Permit #: **18B0989** Applied: **12/20/2018** Issued: **12/20/2018** Final: Type: **MECH**  
 Work: **HEAT PUMP ADD ON** Sub-Type: **RES**  
 Address: **4155 NE THREE MILE LN** Class: City ID: **MCMN** Status: **ISSUED**  
 # Units: **1** Value: **\$0.00** Project #: Total Fees: **\$37**  
 Names: SQ Ft: **0** Parcel: **R4424C 00200** Balance Due: **\$0**

**CONTRACTOR** MURPHY, MICHAEL (360) 957-4605  
 2212 46TH AVE LONGVIEW,WA 98632  
**OWNER** OLDE STONE VILLAGE NW LLC  
 OLDE STONE VILLAGE NW LLC PO BOX 6956 LAGUNA NIGUEL CA 92607  
**APPLICANT** MURPHY, MICHAEL (360) 957-4605  
 2212 46TH AVE LONGVIEW,WA 98632

Permit #: **18B0990** Applied: **12/20/2018** Issued: **12/20/2018** Final: Type: **MECH**  
 Work: **RADON MITIGATION VENT** Sub-Type: **RES**  
 Address: **655 NW BROOKVIEW CT** Class: City ID: **MCMN** Status: **ISSUED**  
 # Units: **1** Value: **\$0.00** Project #: Total Fees: **\$33**  
 Names: SQ Ft: **0** Parcel: **R4420BA00501** Balance Due: **\$0**

**APPLICANT** XAVIER ENVIRONMENTAL INC (503) 236-3796  
 PO BOX 11289 PORTLAND,OR 97211  
**OWNER** GIBSON MELODY A & J SCOTT TRUSTEES F  
 GIBSON MELODY A & J SCOTT TRUSTEES FOR 655 NW BROOKVIEW CT N  
**CONTRACTOR** XAVIER ENVIRONMENTAL INC (503) 236-3796  
 PO BOX 11289 PORTLAND,OR 97211

|           |  |          |                   |            |                     |              |             |           |               |
|-----------|--|----------|-------------------|------------|---------------------|--------------|-------------|-----------|---------------|
| Permit #: | <b>18B0991</b>                                   | Applied: | <b>12/20/2018</b> | Issued:    | <b>12/20/2018</b>   | Final:       |             | Type:     | <b>PLUM</b>   |
| Work:     | <b>REPLACE SEWER LATERAL IN THE RIGHT OF WAY</b> |          |                   |            |                     |              |             | Sub-Type: | <b>RES</b>    |
| Address:  | <b>2820 NE MCDONALD LN</b>                       |          |                   | Class:     |                     | City ID:     | <b>MCMN</b> | Status:   | <b>ISSUED</b> |
| # Units:  | <b>0</b>   | Value:   | <b>\$0.00</b>     | Project #: |                     | Total Fees:  |             |           | <b>\$0</b>    |
| Names:    |  | SQ Ft:   | <b>0</b>          | Parcel:    | <b>R4416AB06000</b> | Balance Due: |             |           | <b>\$0</b>    |

|                  |                            |                       |              |
|------------------|----------------------------|-----------------------|--------------|
| <b>APPLICANT</b> | <b>CITY OF MCMINNVILLE</b> |                       |              |
|                  | <b>230 NE 2ND ST</b>       | <b>MCMINNVILLE OR</b> | <b>97128</b> |
| <b>OWNER</b>     | <b>CITY OF MCMINNVILLE</b> |                       |              |
|                  | <b>230 NE 2ND ST</b>       | <b>MCMINNVILLE OR</b> | <b>97128</b> |

|           |                              |          |                   |            |                     |              |             |           |               |
|-----------|------------------------------|----------|-------------------|------------|---------------------|--------------|-------------|-----------|---------------|
| Permit #: | <b>18B0992</b>               | Applied: | <b>12/20/2018</b> | Issued:    | <b>12/20/2018</b>   | Final:       |             | Type:     | <b>MECH</b>   |
| Work:     | <b>INSTALL HEAT PUMP</b>     |          |                   |            |                     |              |             | Sub-Type: | <b>RES</b>    |
| Address:  | <b>235 NW BAKER CREEK RD</b> |          |                   | Class:     |                     | City ID:     | <b>MCMN</b> | Status:   | <b>ISSUED</b> |
| # Units:  | <b>1</b>                     | Value:   | <b>\$0.00</b>     | Project #: |                     | Total Fees:  |             |           | <b>\$37</b>   |
| Names:    |                              | SQ Ft:   | <b>0</b>          | Parcel:    | <b>R4417AD04300</b> | Balance Due: |             |           | <b>\$0</b>    |

|                   |                           |                       |                       |                       |
|-------------------|---------------------------|-----------------------|-----------------------|-----------------------|
| <b>OWNER</b>      | <b>STELLFLUG SUSAN D</b>  |                       |                       |                       |
|                   | <b>STELLFLUG SUSAN D</b>  | <b>1784 NW 8TH ST</b> | <b>MCMINNVILLE OR</b> | <b>97128</b>          |
| <b>APPLICANT</b>  | <b>MCCANDLESS ENT LLC</b> |                       |                       | <b>(503) 843-5618</b> |
|                   | <b>773 W MAIN ST</b>      | <b>SHERIDAN,OR</b>    | <b>97378</b>          |                       |
| <b>CONTRACTOR</b> | <b>MCCANDLESS ENT LLC</b> |                       |                       | <b>(503) 843-5618</b> |
|                   | <b>773 W MAIN ST</b>      | <b>SHERIDAN,OR</b>    | <b>97378</b>          |                       |

|                |                           |             |
|----------------|---------------------------|-------------|
| <b>Summary</b> | <b>Number of Permits:</b> | 13          |
|                | <b>Total Valuation:</b>   | \$40,358.00 |
|                | <b>Total SQ. Ft:</b>      | 0.00        |
|                | <b>Total Fees:</b>        | \$1,584.45  |
|                | <b>Total Due:</b>         | \$0.00      |