

SENSITIVE AREA PRE-SCREENING SITE ASSESSMENT

Clean Water Services File Number

1. Jurisdiction: _____

2. Property Information (example: 1S234AB01400)

Tax lot ID(s): _____

OR Site Address: _____

City, State, Zip: _____
Nearest cross street: _____

3. Owner Information

Name: _____
Company: _____
Address: _____
City, State, Zip: _____
Phone/fax: _____
Email: _____

4. Development Activity (check all that apply)

- Addition to single family residence (rooms, deck, garage)
- Lot line adjustment Minor land partition
- Residential condominium Commercial condominium
- Residential subdivision Commercial subdivision
- Single lot commercial Multi lot commercial
- Other _____

4. Applicant Information

Name: _____
Company: _____
Address: _____
City, State, Zip: _____
Phone/fax: _____
Email: _____

6. Will the project involve any off-site work? Yes No Unknown

Location and description of off-site work: _____

7. Additional comments or information that may be needed to understand your project: _____

This application does NOT replace Grading and Erosion Control Permits, Connection Permits, Building Permits, Site Development Permits, DEQ 1200-C Permit or other permits as issued by the Department of Environmental Quality, Department of State Lands and/or Department of the Army COE. All required permits and approvals must be obtained and completed under applicable local, state, and federal law.

By signing this form, the Owner or Owner's authorized agent or representative, acknowledges and agrees that employees of Clean Water Services have authority to enter the project site at all reasonable times for the purpose of inspecting project site conditions and gathering information related to the project site. I certify that I am familiar with the information contained in this document, and to the best of my knowledge and belief, this information is true, complete, and accurate.

Print/type name _____

Print/type title _____

Signature ONLINE SUBMITTAL _____

Date _____

FOR DISTRICT USE ONLY

- Sensitive areas potentially exist on site or within 200' of the site. **THE APPLICANT MUST PERFORM A SITE ASSESSMENT PRIOR TO ISSUANCE OF A SERVICE PROVIDER LETTER.** If Sensitive Areas exist on the site or within 200 feet on adjacent properties, a Natural Resources Assessment Report may also be required.
- Based on review of the submitted materials and best available information sensitive areas do not appear to exist on site or within 200' of the site. This Sensitive Area Pre-Screening Site Assessment does NOT eliminate the need to evaluate and protect water quality sensitive areas if they are subsequently discovered. This document will serve as your Service Provider Letter as required by Resolution and Order 19-5, Section 3.02.1, as amended by Resolution and Order 19-22. All required permits and approvals must be obtained and completed under applicable local, State and federal law.
- Based on review of the submitted materials and best available information the above referenced project will not significantly impact the existing or potentially sensitive area(s) found near the site. This Sensitive Area Pre-Screening Site Assessment does NOT eliminate the need to evaluate and protect additional water quality sensitive areas if they are subsequently discovered. This document will serve as your Service Provider Letter as required by Resolution and Order 19-5, Section 3.02.1, as amended by Resolution and Order 19-22. All required permits and approvals must be obtained and completed under applicable local, state and federal law.
- THIS SERVICE PROVIDER LETTER IS NOT VALID UNLESS _____ CWS APPROVED SITE PLAN(S) ARE ATTACHED.**
- The proposed activity does not meet the definition of development or the lot was platted after 9/9/95 ORS 92.040(2). **NO SITE ASSESSMENT OR SERVICE PROVIDER LETTER IS REQUIRED.**

Reviewed by Jessica Chaplen _____

Date _____

Once complete, email to: SPLReview@cleanwaterservices.org • Fax: (503) 681-4439

OR mail to: SPL Review, Clean Water Services, 2550 SW Hillsboro Highway, Hillsboro, Oregon 97123

BEAVERTON HIGH SCHOOL
REPLACEMENT - PORTABLES

BEAVERTON SCHOOL DISTRICT
T 503-356-4500

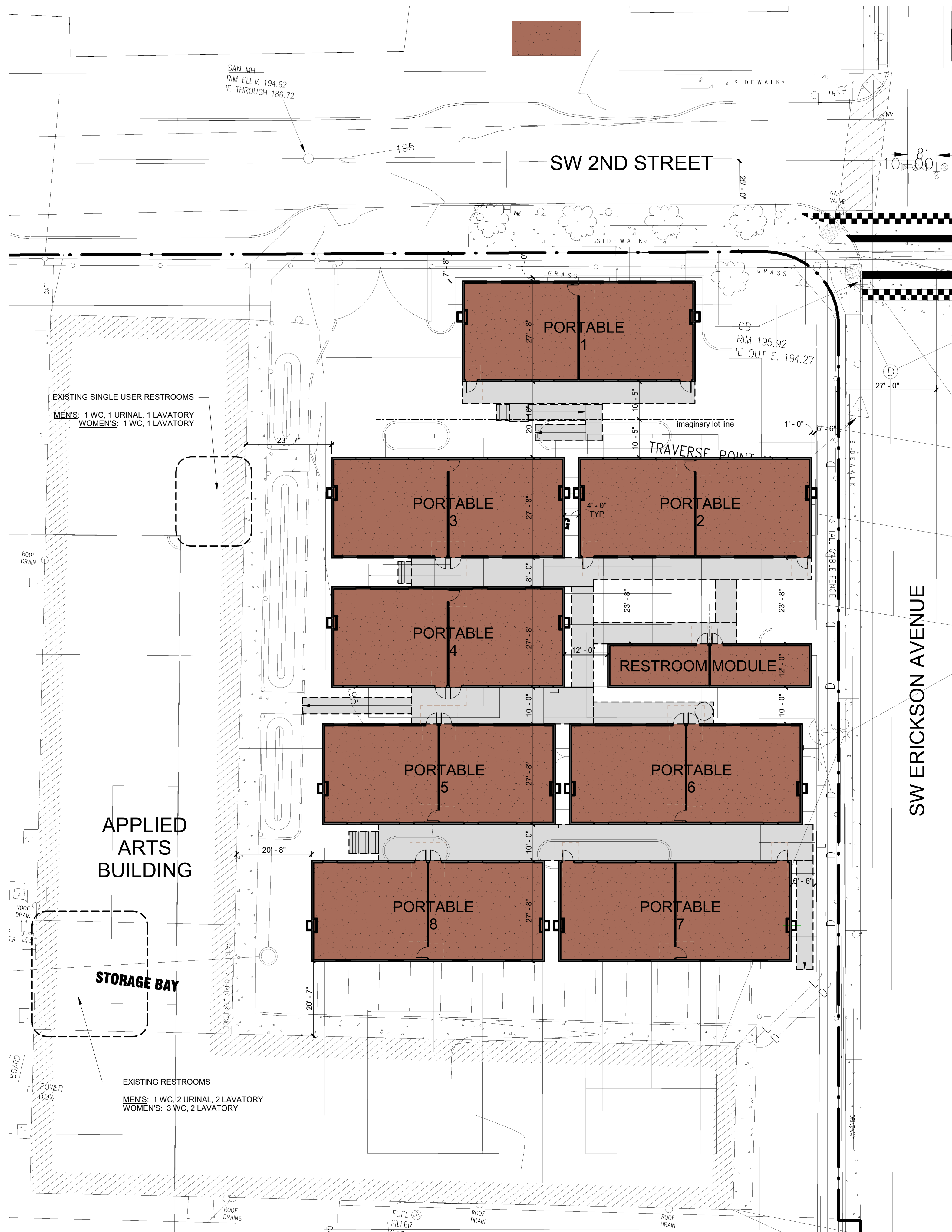
NOT FOR CONSTRUCTION

date revisions

phase DD
date 1/30/2023
project 21016

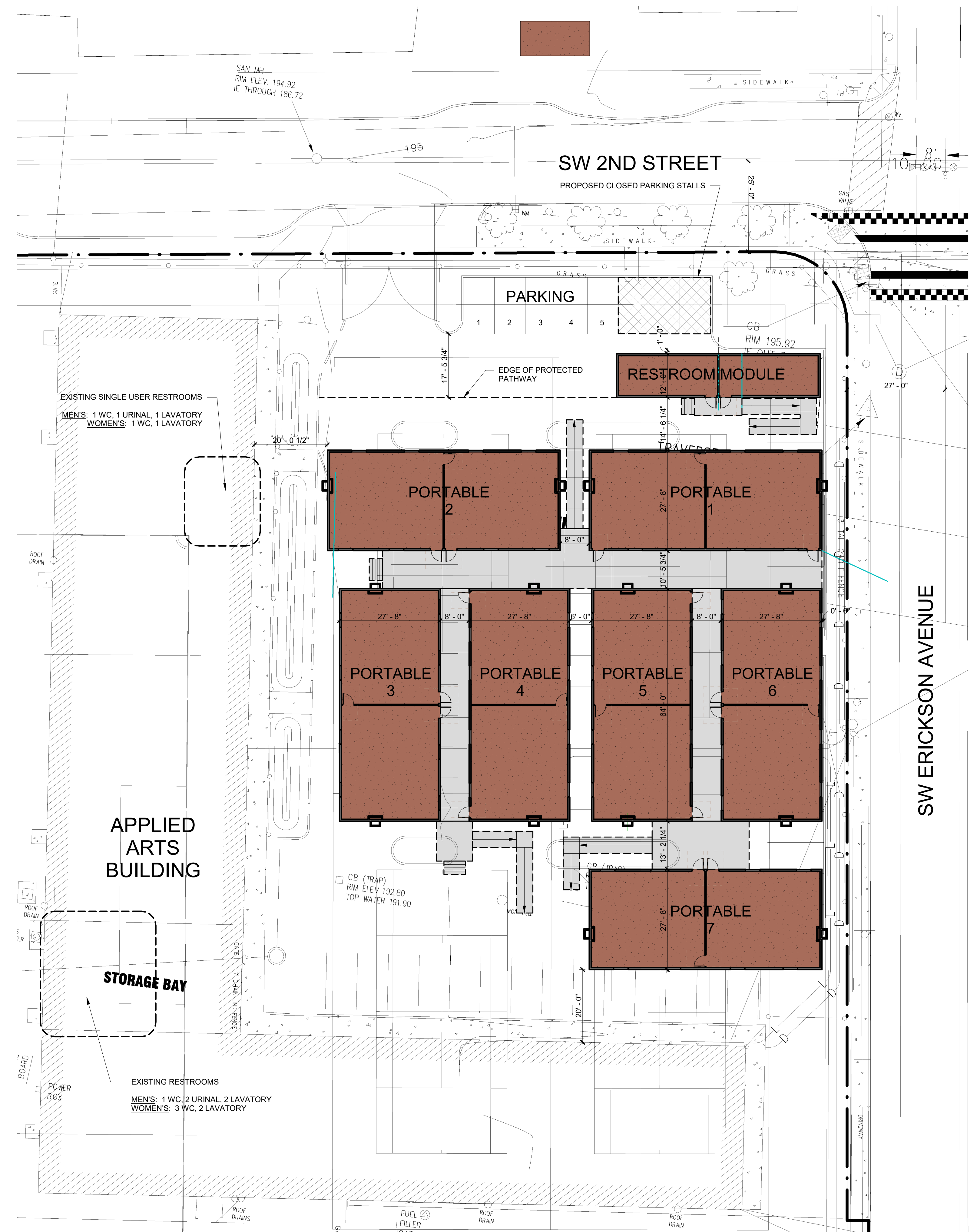
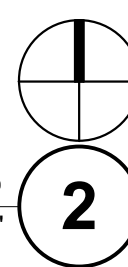
SITE PLAN

A2.02



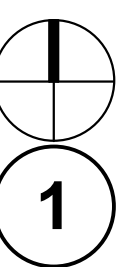
OPTION B - 8 PORTABLES

SCALE: 1/16" = 1'-0"



OPTION A - 7 PORTABLES

SCALE: 1/16" = 1'-0"



FIRE CODE / LAND USE / BUILDING REVIEW
APPLICATION



North Operating Center
11945 SW 70th Avenue
Tigard, OR 97223
Phone: 503-649-8577

South Operating Center
8445 SW Elligsen Rd
Wilsonville, OR 97070
Phone: 503-649-8577

REV 6-30-20

Project Information

Applicant Name: Megan Fuller
Address: 16550 SW Merlo Road, Beaverton, OR 97003
Phone: 503-356-4318
Email: megan_fuller@beaverton.k12.or.us
Site Address: 13000 SW 2ND STREET
City: BEAVERTON
Map & Tax Lot #: 1S116AD10900
Business Name: Beaverton School District
Land Use/Building Jurisdiction: _____
Land Use/ Building Permit # PA 2023-0004

Choose from: Beaverton Tigard, Newberg, Tualatin, North Plains, West Linn, Wilsonville, Sherwood, Rivergrove, Durham, King City, Washington County, Clackamas County, Multnomah County, Yamhill County

Project Description

Temporary construction of 8 portable classrooms and 1 portable toilet trailer. All will be placed on the parking surface of the existing Allied Arts building.

Permit/Review Type (check one):

- Land Use** / Building Review - Service Provider Permit
- Emergency Radio Responder Coverage Install/Test
 - LPG Tank (Greater than 2,000 gallons)
 - Flammable or Combustible Liquid Tank Installation (Greater than 1,000 gallons)
 - * Exception: Underground Storage Tanks (UST) are deferred to DEQ for regulation.
 - Explosives Blasting (Blasting plan is required)
 - Exterior Toxic, Pyrophoric or Corrosive Gas Installation (in excess of 810 cu.ft.)
 - Tents or Temporary Membrane Structures (in excess of 10,000 square feet)
 - Temporary Haunted House or similar
 - OLCC Cannabis Extraction License Review
 - Ceremonial Fire or Bonfire (For gathering, ceremony or other assembly)

For Fire Marshal's Office Use Only

TVFR Permit # 2023-0028
Permit Type: SPP-COB
Submittal Date: 3-2-2023
Assigned To: DFM FOSTER
Due Date: 3-8-2023
Fees Due: 0
Fees Paid: 0

Approval/Inspection Conditions
(For Fire Marshal's Office Use Only)

This section is for application approval only

DFM Jeremy Foster 3/8/2023
Fire Marshal or Designee Date

Conditions:

Final inspection required by TVFR

See Attached Conditions: Yes No

Site Inspection Required: Yes No

This section used when site inspection is required

Inspection Comments:

Final TVFR Approval Signature & Emp ID Date

