

SENSITIVE AREA PRE-SCREENING SITE ASSESSMENT

Clean Water Services File Number

21-001853

1. **Jurisdiction:** Beaverton

2. **Property Information** (example: 1S234AB01400)

Tax lot ID(s): _____
1S129AA, lot 9701

OR Site Address: 14600 SW Sexton Mountain Drive

City, State, Zip: Beaverton, OR, 97007

Nearest cross street: Sexton Mountain Drive and Murray Blvd

3. **Owner Information**

Name: _____

Company: City of Beaverton

Address: PO Box 4755

City, State, Zip: Beaverton, OR, 97076

Phone/fax: (971) 288-8960

Email: ssahu@beavertonoregon.gov

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 New pump station, hydro-power building, etc.

4. **Applicant Information**

Name: Courtney Simms

Company: Angelo Planning Group

Address: 921 SW Washington St, Suite 468

City, State, Zip: Portland, OR, 97205

Phone/fax: 8055350124

Email: csimms@angeloplanning.com

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:** _____

Additions to the existing pump station.

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 Courtney Simms

Print/type title Planner

Signature ONLINE SUBMITTAL

Date 6/3/2021

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 Jackie Humphreys 

Date 07/21/2021

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

**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: Courtney Simms
Address: 921 SW Washington Street, Suite 468
Phone: 805-535-0124
Email: permitting@angeloplanning.com
Site Address: 14600 SW Sexton Mountain Drive
City: Beaverton
Map & Tax Lot #: 1S129AA, Lot 9701
Business Name: City of Beaverton
Land Use/Building Jurisdiction: Beaverton
Land Use/ Building Permit # _____
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
Construction of pump station building addition and back-up generator

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 # 2021-0093
Permit Type: COB-SPP
Submittal Date: 8/31/2021
Assigned To: DFM FOSTER
Due Date: 9/8/2021
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 9/8/2021
Fire Marshal or Designee Date

Conditions:

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 _____

Vicinity Map



APPROVED PLANS

APPROVAL OF PLANS IS NOT AN APPROVAL OF OMISSIONS OR OVERSIGHTS.

Jeremy Foster
Deputy Fire Marshal II

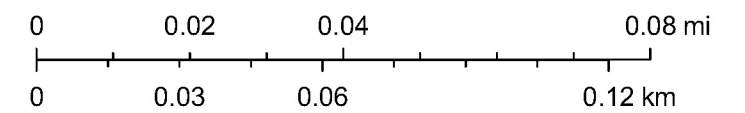
TVF&R Permit # 2021-0093

March 15, 2021

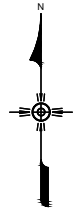
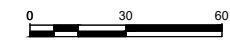
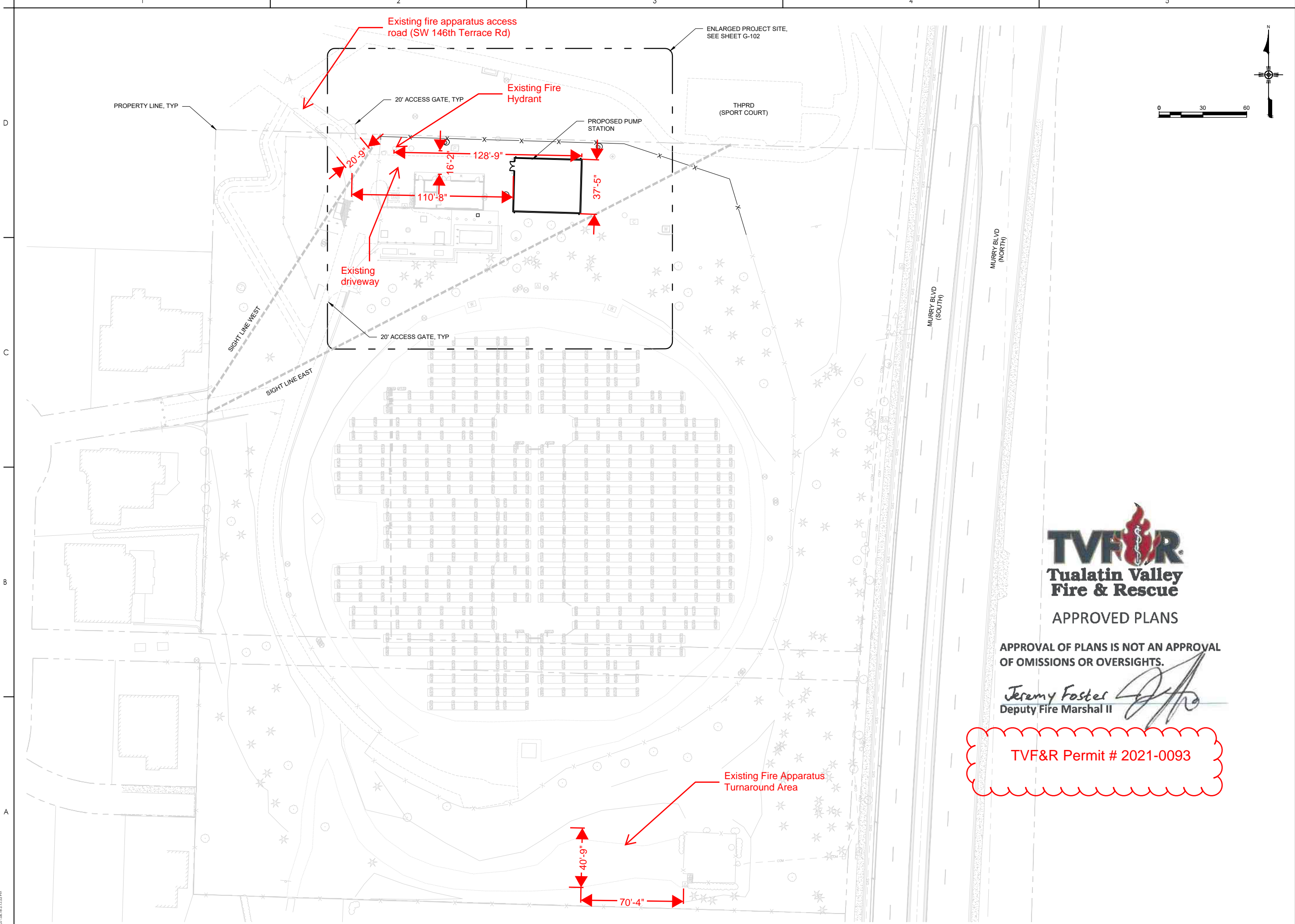
Beaverton Address

- IN
- Beaverton City Limits
- County Boundaries
- Washington County Taxlots

1:2,257



Oregon Metro, Bureau of Land Management, State of Oregon, State of Oregon DOT, State of Oregon GEO, Esri Canada, Esri, HERE, Garmin, INCREMENT P, USGS, EPA, USDA



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Deputy Fire Marshal II

TVF&R Permit # 2021-0093

Stantec
Stantec Consulting Services, Inc.
601 SW 2nd Avenue, 14th floor
Portland, Oregon, 97204
Tel: +1.503.220.5433
www.stantec.com

Consultant **FR** **mua architects**

Revision	By	App'd	YYYY.MM.DD

ISSUED	By	App'd	YYYY.MM.DD
1. G&R REVIEW			2021.09.08
2. DESIGN DEVELOPMENT			2021.03.01

Permit/Seal
PRELIMINARY NOT FOR CONSTRUCTION
Not for permits, pricing or other official purposes. This document has not been completed or checked and is for general information or comment only.

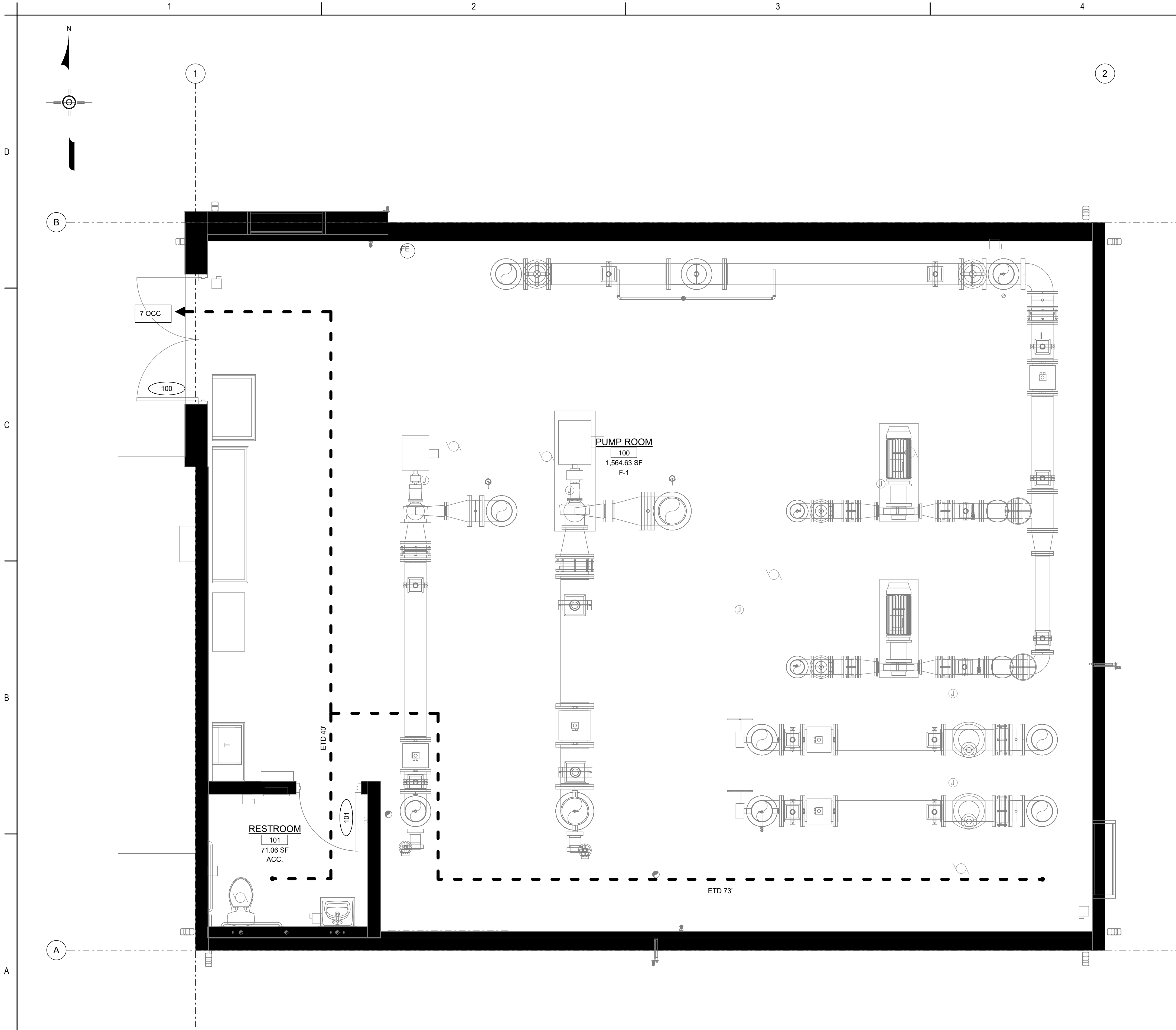
Client/Project
City of Beaverton
PHASE - II
SEXTON MOUNTAIN
PUMP STATION UPGRADE
Beaverton, Oregon

Project No.: 2002006149
File Name: 06149G-101
Scale: 1" = 30'
Dwn. Dsgn. Chkd. 2021.09.08
Title
OVERALL SITE PLAN

Revision:
Drawing No.

FS-1

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APPLICABLE CODES

- 2019 OREGON STRUCTURAL SPECIALTY CODE (OSSC)
- 2019 OREGON ZERO ENERGY READY COMMERCIAL CODE (OZERCC)
- 2014 OREGON FIRE CODE (OFC)
- OSHA REGULATIONS

PROJECT DATA

PROJECT TYPE: NEW PROCESS FACILITY. GROSS BUILDING SQ FT 1635.69.
F-1 OCCUPANCY.

OCCUPANCY: F-1
CONSTRUCTION TYPE: V-B

AREA	OCC CLASS	SQ FT	SQ FT/OCC	OCC LOAD
PUMP ROOM	F-1	1564.63	300	6
RESTROOM	F-1 (ACCESSORY)	71.06	300	1
TOTALS		1635.69		7

PER TABLE 504.3 & 506.2
ALLOWABLE HEIGHT: 40'-0"
ALLOWABLE AREA: 8,500 SQ FT
PROPOSED
DESIGN HEIGHT: 20.21' 0"
DESIGN GROSS AREA*: 1635.69 SQ FT
DESIGN MEETS REQUIREMENT: YES

FIRE DETECTION & SUPPRESSION
FIRE ALARM SYSTEM: N/A
SMOKE DETECTION SYSTEM: N/A
SMOKE CONTROL SYSTEM: N/A
FIRE SPRINKLER SYSTEM: N/A
STANDPIPE SYSTEM: N/A

*GROSS SQ FT INCLUDES INCIDENTAL, CIRCULATION AND WALLS

OREGON ENERGY CODE REQUIREMENTS

EXTERIOR ASSEMBLY 2019 OZERCC, ANSI/ASHRAE/IES Standard 90.1 - 2016

ASSEMBLY	REQUIRED		PROVIDED
	CONDITIONED	SEMI-HEATED	
ROOF INSULATION ABOVE DECK ATTIC AND OTHER	R-30 CI R-49	R-15 CI R-30	R-30 CI R-15
WALLS (ABOVE GRADE) MASS (CMU/CONC) STEEL FRAME	R-11.4 CI R-13 + R-3.8 CI	N/A R-13 + R-3.8 CI	R-20 CI NA
WALLS (BELOW GRADE) MASS (CMU/CONC)	R-7.5 CI	N/A	N/A
FLOORS MASS (CMU/CONC) JOIST FRAMING STEEL FLOOR JOISTS	R-14.6 CI R-30 CI R-30 CI	N/A N/A N/A	N/A N/A N/A
SLAB ON GRADE UNHEATED	R-15 FOR 24"	N/A	R-15 FOR 24"
OPAQUE DOORS SWINGING NONSWINGING	U 0.37 U 0.31	N/A N/A	U 0.29 R-6

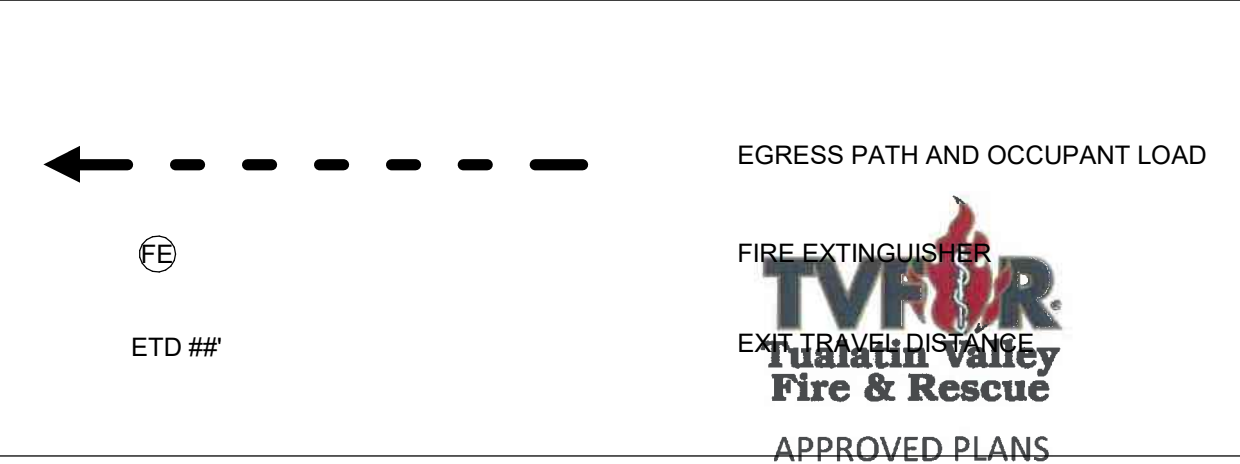
FENESTRATIONS*

FENESTRATION % OF ABOVE GRADE WALLS CANNOT EXCEED 40% - THIS DOES NOT INCLUDE OPAQUE DOORS OR SPANDREL GLASS

VERTICAL	REQUIRED	PROVIDED
NON METAL FRAME	U 0.31	N/A
METAL FRAME FIXED	U 0.38	U 0.28
SHGC	U 0.36	U 0.27
SKYLIGHTS		
U FACTOR	U 0.50	U 0.33
SHGC	U 0.40	U 0.31

* FENESTRATION REQUIREMENTS ONLY APPLICABLE TO CONDITIONED BUILDINGS AND SPACES

CODE PLAN SYMBOLS LEGEND



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Jeremy Foster
Deputy Fire Marshal II

TVF&R Permit # 2021-0093

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+1.503.220.5433

Consultant
FOR
mua architects

NO.	DATE	BY	APP'D	REVISION
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Client/Project
City of Beaverton

PHASE - II
SEXTON MOUNTAIN
PUMP STATION UPGRADE
Beaverton, Oregon

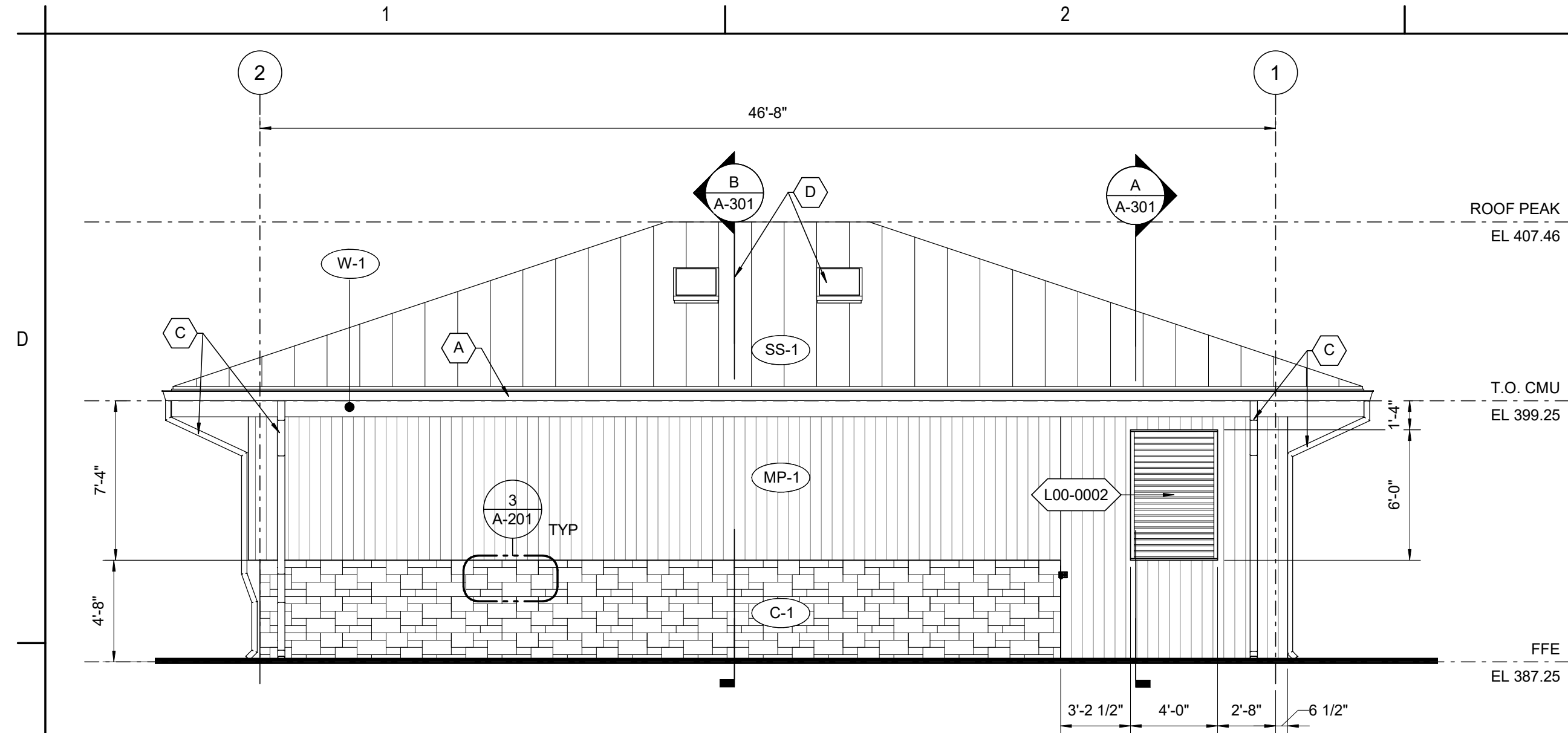
Project No.: 2002006149
File Name: N/A
Scale: As indicated

CS	DW	DW	2021.08.16
Dwn.	Dsgn.	Chkd.	YYYY.MM.DD

Title
CODE PLAN

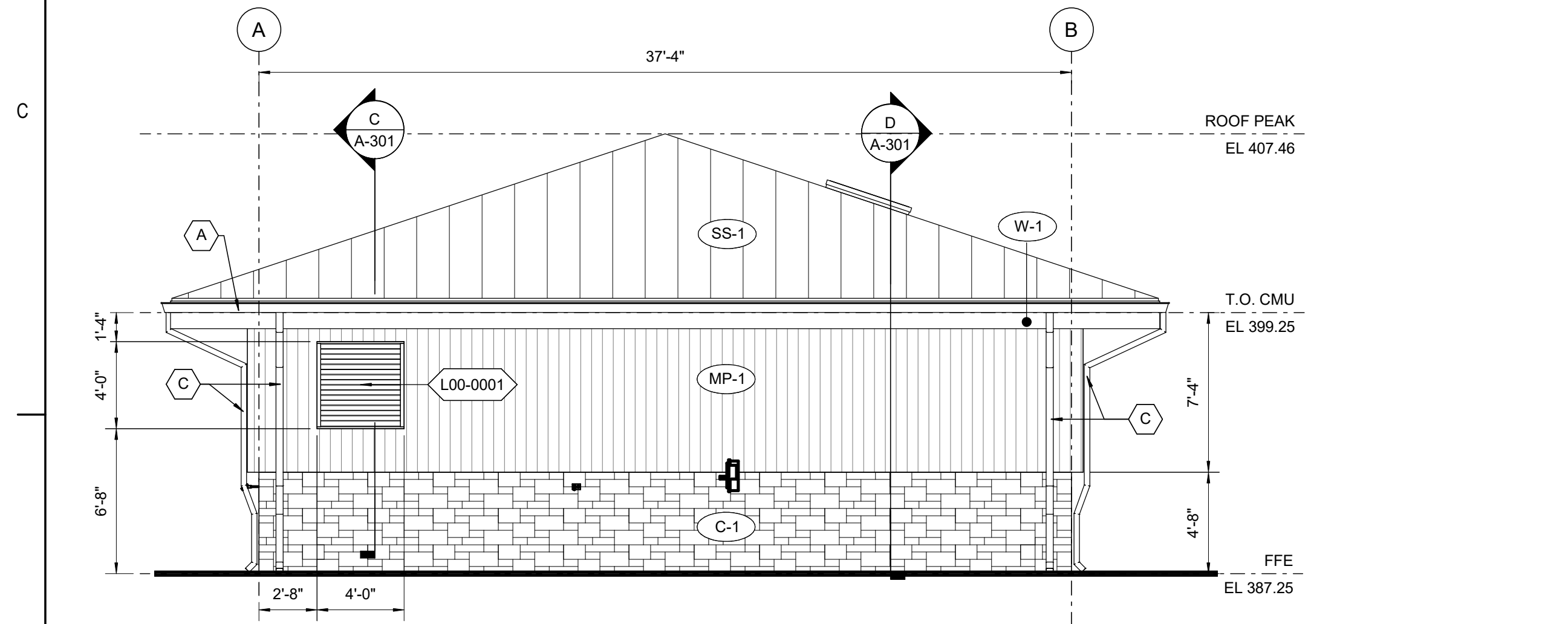
Revision:
Drawing No.

FS-2



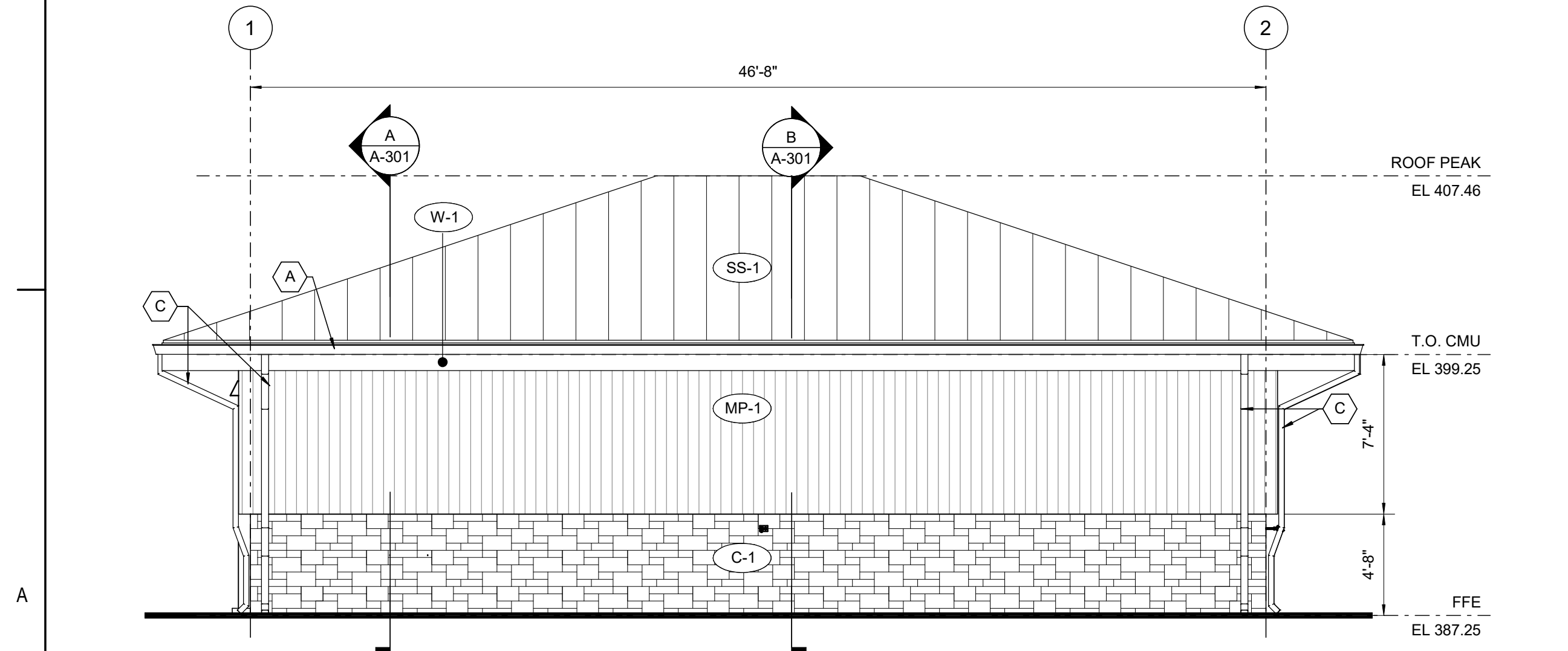
1 NORTH ELEVATION

SCALE: 3/16" = 1'-0"



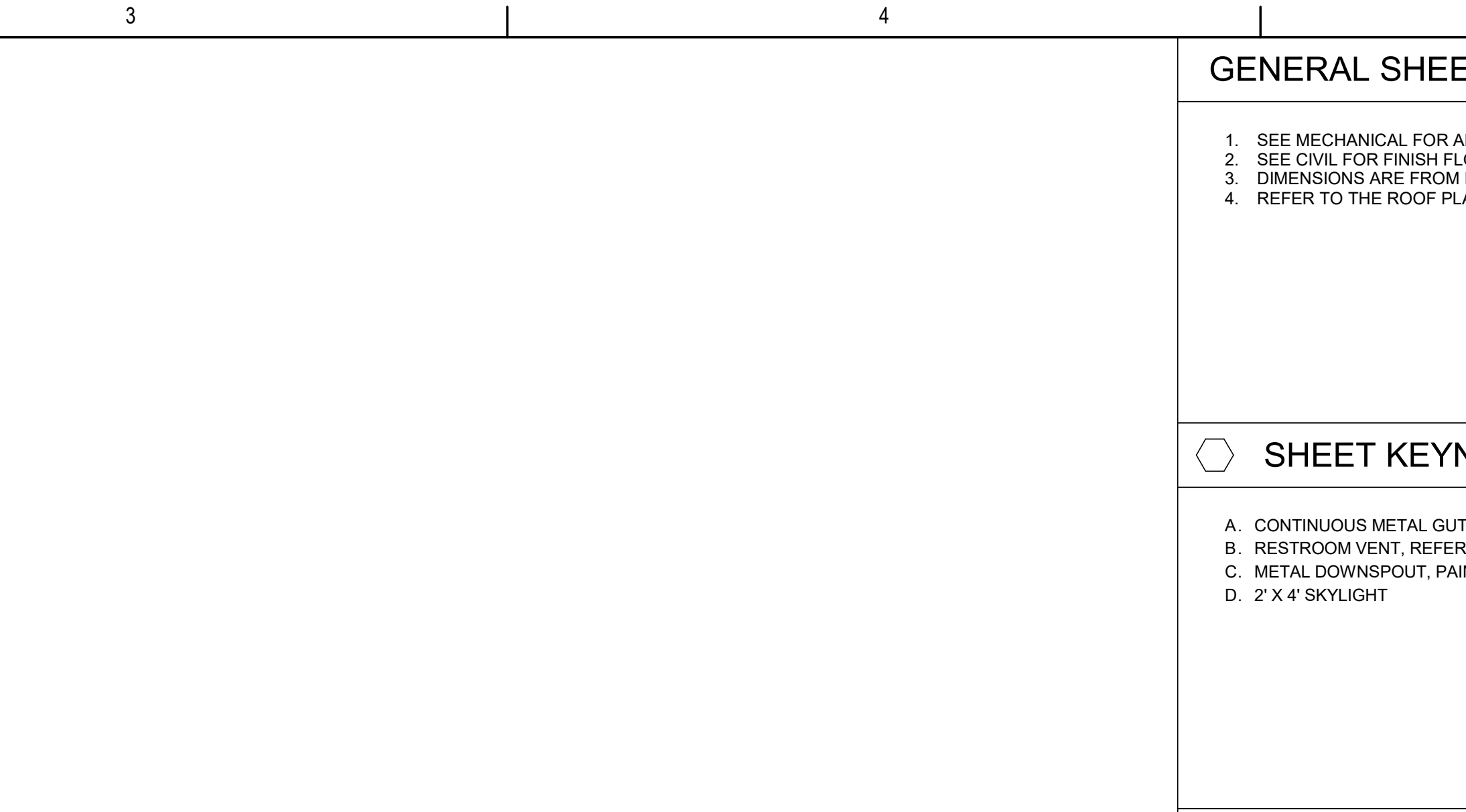
2 EAST ELEVATION

SCALE: 3/16" = 1'-0"



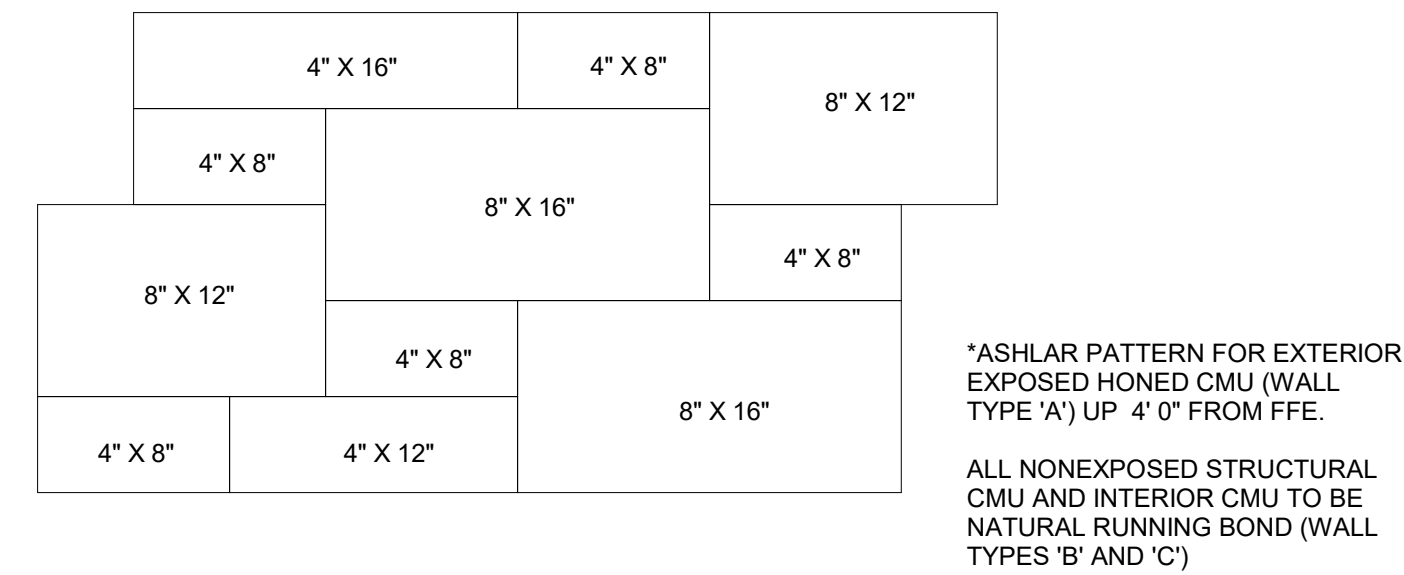
4 SOUTH ELEVATION

SCALE: 3/16" = 1'-0"



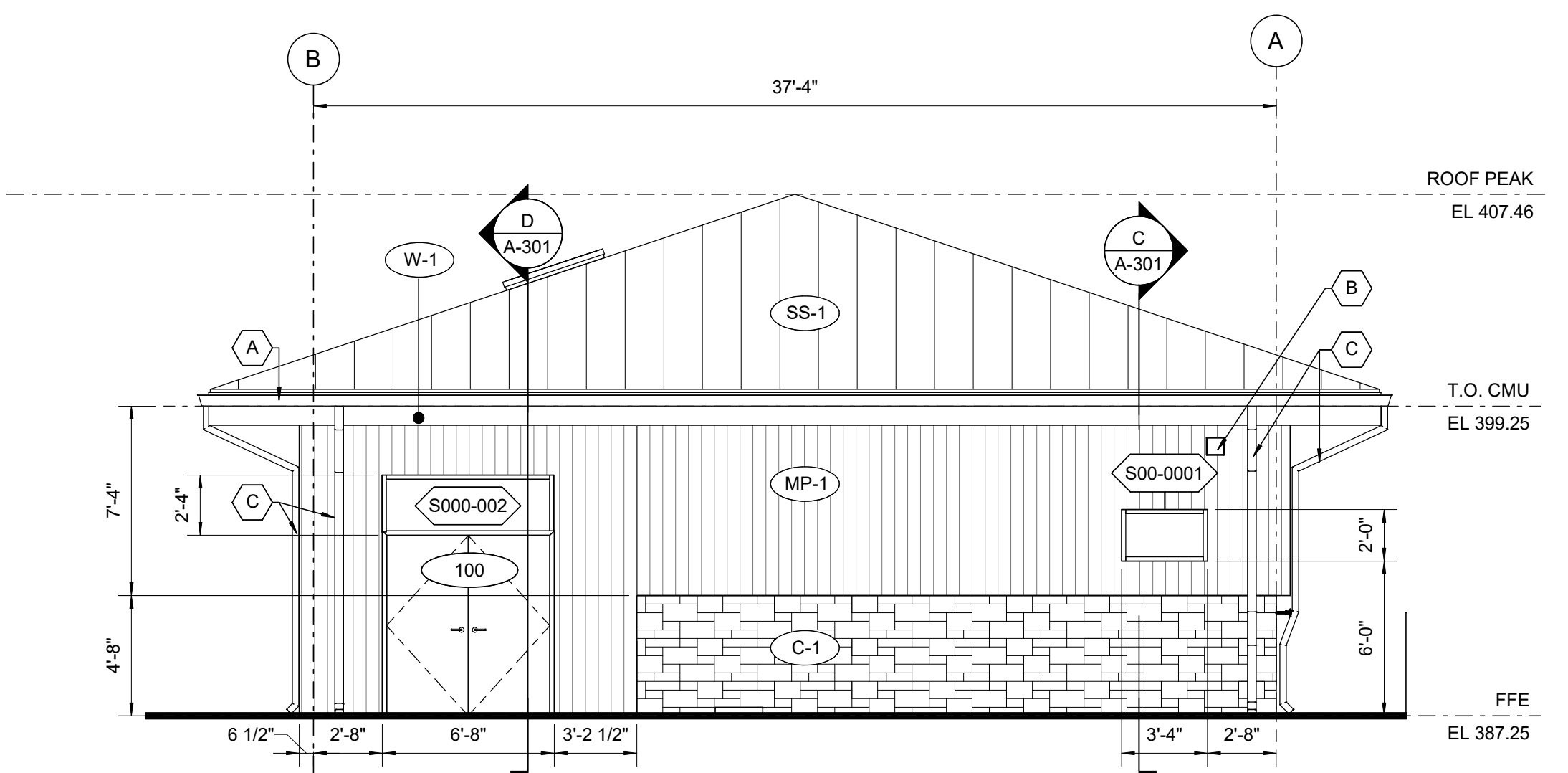
5 WEST ELEVATION

SCALE: 3/16" = 1'-0"



3 CMU ASHLAR PATTERN

SCALE: 1 1/2" = 1'-0"



5 WEST ELEVATION

GENERAL SHEET NOTES

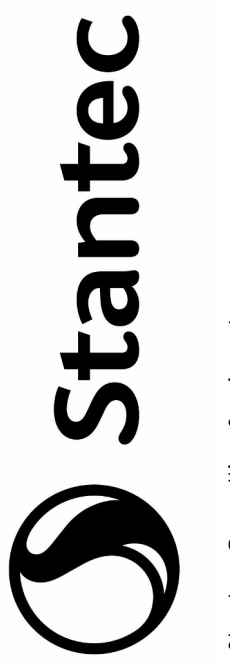
1. SEE MECHANICAL FOR ADDITIONAL LOUVER INFORMATION.
2. SEE CIVIL FOR FINISH FLOOR ELEVATION.
3. DIMENSIONS ARE FROM FACE OF STUD, MASONRY, AND CONCRETE, UNO.
4. REFER TO THE ROOF PLAN FOR ROOF SLOPES.

SHEET KEYNOTES

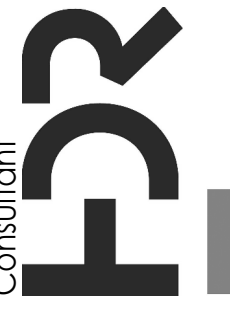
- A. CONTINUOUS METAL GUTTER
- B. RESTROOM VENT, REFER TO MECHANICAL
- C. METAL DOWNSPOUT, PAINT TO MATCH SIDING
- D. 2' X 4' SKYLIGHT

COLOR & MATERIAL LEGEND

- C-1 HONED CMU, ASHLAR PATTERN, NATURAL GREY
- MP-1 METAL PANEL SIDING, DARK GREY
- SS-1 STANDING SEAM ROOF, DARK GREY
- C-2 16" CONCRETE CURB
- W-1 FASCIA, MATCH ROOF



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Revision	By	Date

Permit/Seal	By	Date

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Deputy Fire Marshal II

TVF&R Permit # 2021-0093

Client/Project
City of Beaverton

PHASE - II
SEXTON MOUNTAIN
PUMP STATION UPGRADE
Beaverton, Oregon

Project No.: 2002006149
File Name: N/A
Scale: As indicated
CS DW DW 2021.08.16
Dwn. Dsgn. Chkd. YYYY.MM.DD
Title
EXTERIOR ELEVATIONS

Revision:
Drawing No.
FS-3



Water Service Provider Letter (SPL)

yellow highlight mandatory info

PRE-APPLICATION DATE: _____

APPLICANT: _____

SITE INFORMATION:

Contact: _____

Tax Map(s): _____ Lot Number(s): _____

Company: _____

Address: _____

Size: _____

Phone: _____

Address: _____

Email: mhastie@angeloplanning.com

Nearest cross-street (or directions to site): _____

OWNER(S): _____

Contact: _____

Company: _____

Address: _____

Phone: _____

Email: ssahu@beavertonoregon.gov

PROPOSED PROJECT NAME: _____

PROPOSED DEVELOPMENT ACTION (ex. Design Review, Land Division, Conditional Use, etc.): _____

EXISTING USE: _____ PROPOSED USE: _____

RESIDENTIAL: _____ INDUSTRIAL/COMMERCIAL: _____ CONDITIONAL USE: _____

Single Fam. _____ Multi-Fam. _____ Type of Use: _____ No. of Students/Employees/Etc.: _____

No. of Units: _____ Gross Floor Area _____ SQ. FT. Gross Floor Area _____ SQ FT.

Average Daily Demand (gallons/day): _____ Peak Daily Demand (gallons/day): _____ Peak Hour (gallons/day): _____

FIRE FLOW REQUIRED: (gpm): _____ IRRIGATION FLOW REQUIRED: (gpm): _____

FOR INTERNAL USE ONLY - DO NOT WRITE BELOW THIS LINE

***Both agency signatures required

TVWD [] ADEQUATE [] INADEQUATE SERVICE LEVEL TO SERVE THE PROPOSED PROJECT. Describe why service level is inadequate and needed improvements or modification required to provide adequate services. (Use additional sheets to explain if necessary)

SIGNATURE: _____ TITLE: _____ DATE: _____

COB [] ADEQUATE [] INADEQUATE SERVICE LEVEL TO SERVE THE PROPOSED PROJECT. Describe why service level is inadequate and needed improvements or modification required to provide adequate services. (Use additional sheets to explain if necessary)

SIGNATURE: _____ TITLE: _____ DATE: _____