

SENSITIVE AREA PRE-SCREENING SITE ASSESSMENT

Clean Water Services File Number

22-000381

1. **Jurisdiction:** Beaverton

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

Tax lot ID(s): _____
1S112CC Tax Lot 3900

OR Site Address: 3950 SW Laurelwood Avenue

City, State, Zip: Portland, OR, 97225

Nearest cross street: Brentwood Street

3. **Owner Information**

Name: Melissa Bruce

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 Residential Care Facility in an existing dwelling

4. **Applicant Information**

Name: Kirsten Van Loo

Company: Van Loo2 Associates, LLC

Address: 30495 SW Buckhaven Road

City, State, Zip: Hillsboro, OR, 97123

Phone/fax: 5039564180

Email: kirstenvanloo@netzero.net

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 Kirsten Van Loo

Print/type title Planner

Signature ONLINE SUBMITTAL

Date 1/25/2022

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 Rachel Ann Burr

Date 2/9/2022

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**



**Received
Planning Division
6/28/2022**

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: Kirsten Van Loo
Address: 30495 SW Buckhaven Road
Phone: 503-956-4180
Email: kirstenvanloo@netzero.net
Site Address: 3950 SW Laurelwood
City: Beaverton
Map & Tax Lot #: 1S1 12 CC TL 3900
Business Name: _____
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

Adaptive reuse of a large single family dwelling for a 15 resident maximum Residential care facility. The building was permitted and constructed under City of Beaverton permitting and inspections process as an Adult Foster Care facility within the last 8 years.

Fire sprinklers install w/ FOC and fire hydrant location approval only

Permit/Review Type (check one):

X Land Use / Building Review - **S** 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 # 2022-0069
Permit Type: SPP-COB
Submittal Date: 5/13/2022
Assigned To: DFM FOSTER
Due Date: 6/13/2022
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 6/13/2022
Fire Marshal or Designee _____ Date _____

Conditions:

Approval for FOC and hydrant locations only

See Attached Conditions: Yes No

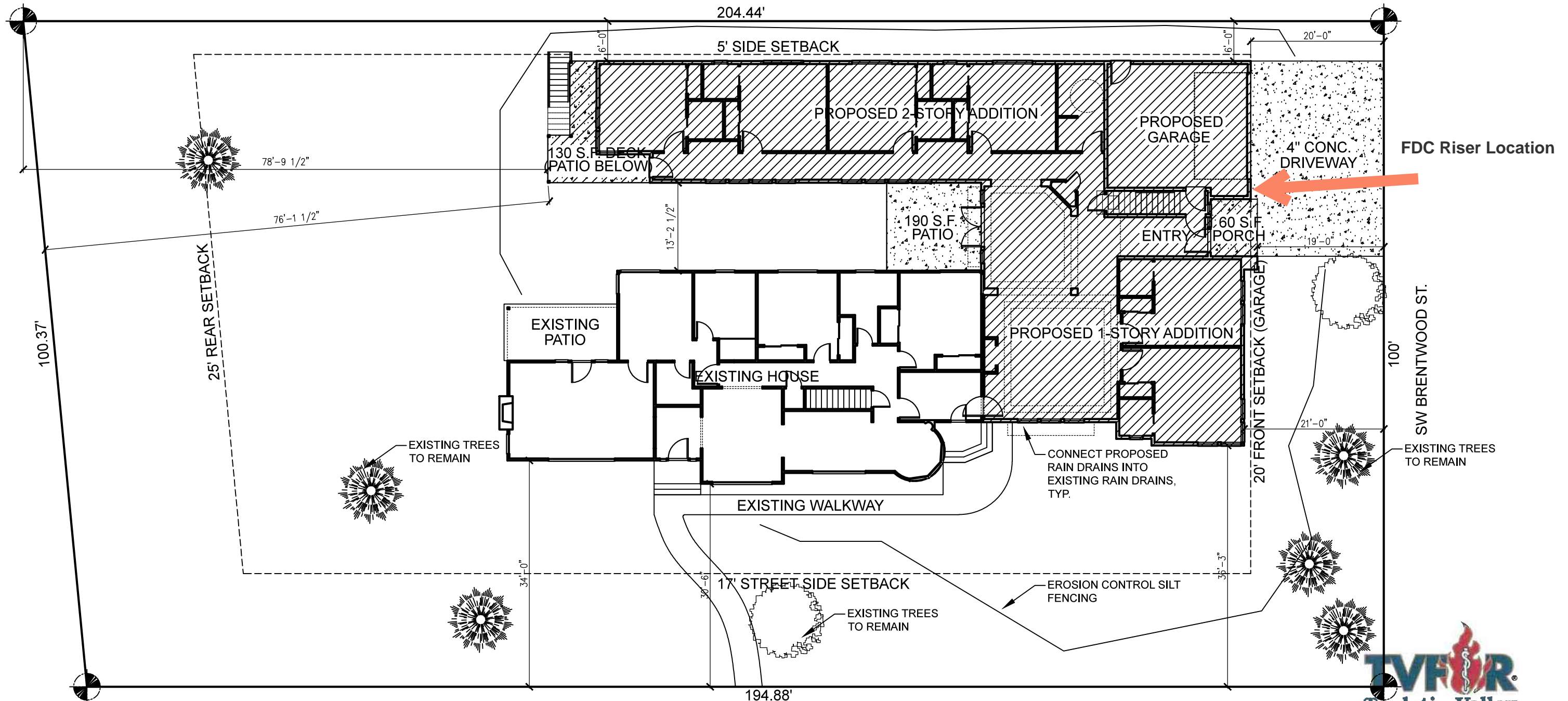
Site Inspection Required: Yes No

This section used when site inspection is required

Inspection Comments:

N/A

Final TVFR Approval Signature & Emp ID _____ Date _____



FDC Riser Location



Received
Planning Division
6/28/2022

SITE DETAILS:
-SITE ADDRESS:
-JURISDICTION:

3950 SW LAURELWOOD AVE.
CITY OF BEAVERTON
R87952

-SITE ZONING:
-REQUIRED SETBACKS:

R7
20' FRONT (GARAGE)
17' FRONT (HOUSE)
5' SIDE, 17' STREET SIDE
25' REAR

-MAX. HEIGHT ALLOWED:
-SITE AREA:
-PROPOSED BUILDING COVERAGE:
-TOTAL BUILDING COVERAGE:
(NEW + EXISTING)

35'
19,966 S.F.
3,394 S.F.
5,420 S.F. (27%)

A **SITE PLAN APPROVED PLANS**
SCALE: 1" = 15'-0"
APPROVAL OF PLANS IS NOT AN APPROVAL
OF OMISSIONS OR OVERSIGHTS.

Deputy Fire Marshal

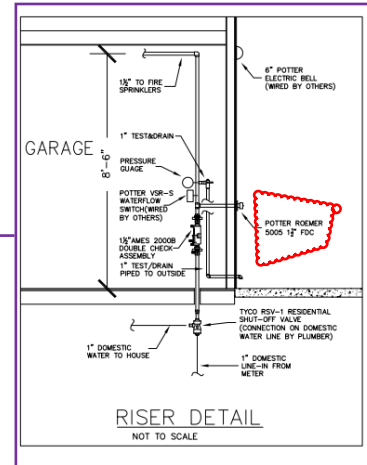
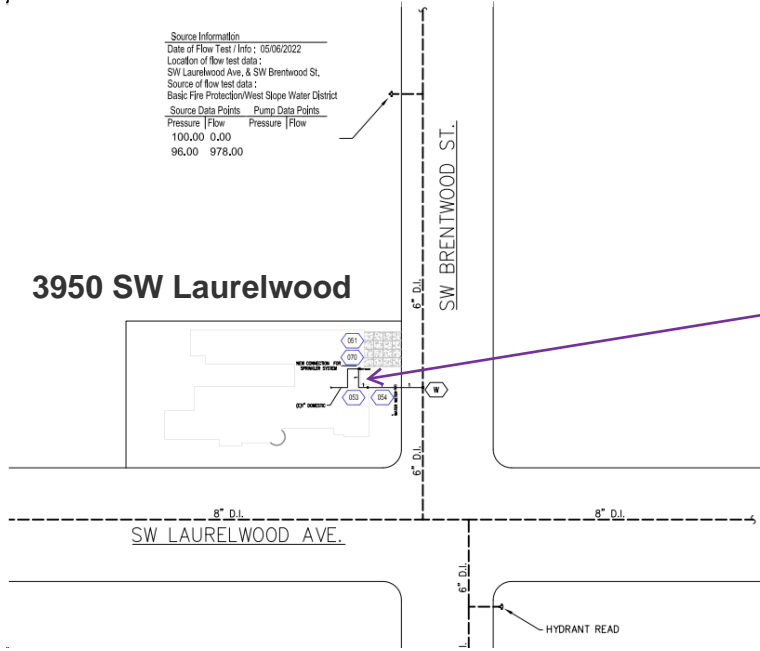
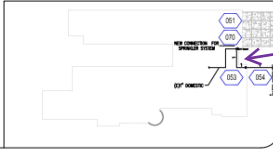
TVF&R Permit # 2022-0069

NOMINAL PIPE SIZE (IN.)	1"	1-1/4"	1-1/2"	2"
STEEL PIPE	12-0	12-0	12-0	12-0

W
H

Source Information
 Date of Flow Test / Info : 05/06/2022
 Location of flow test data :
 SW Laurelwood Ave, & SW Brentwood St.
 Source of flow test data :
 Basic Fire Protection/West Slope Water District
 Source Data Points Pump Data Points
 Pressure | Flow Pressure | Flow
 100.00 0.00
 96.00 978.00

3950 SW Laurelwood



APPROVED PLANS

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

[Signature]
 Deputy Fire Marshal II

TVF&R Permit # 2022-0069

Received
Planning Division

6/28/2022

PRE-APPLICATION DATE: 10/13/2021



WASHINGTON COUNTY

Dept. of Land Use & Transportation
Planning and Development Services
Current Planning
155 N. 1st Avenue, #350-13
Hillsboro, OR 97124
Ph. (503) 846-8761 Fax (503) 846-2908
http://www.co.washington.or.us

**Request For Statement Of Service
Availability (Service Provider Letter)**

**Service Provider: PLEASE RETURN THIS FORM TO:
APPLICANT:**

COMPANY: Van Loo2 Associates, LLC

CONTACT: Kirsten Van Loo

ADDRESS: 30495 SW Buckhaven Road
Hillsboro, OR 97123

PHONE: 503-956-4180/kirstenvanloo@netzero.net

- WATER DISTRICT: West Slope
- FIRE DISTRICT: _____
- CITY OF: _____
- CLEAN WATER SERVICES (Sanitary Sewer)

OWNER(S):

NAME: Melissa Bruce-Rooted Care

ADDRESS: 5830 SE Birdsong Way
Gladstone, OR 97027

PHONE: _____

Property Desc.: Tax Map(s): _____ Lot Number(s): _____

1S112CC 3900

Site Size: .46 Acres

Site Address: 3950 SW Laurelwood

Nearest cross street (or directions to site):
Brentwood

Additionally, you'll need our separate, individual request forms titled:

- ◆ Clean Water Services (Surface Water Mgmt.)
- ◆ Tri-Met
- ◆ School
- ◆ Sheriff / Police
- ◆ Tualatin Hills Park & Recreation District

PROPOSED PROJECT NAME: Rooted Care Senior Facility

PROPOSED DEVELOPMENT ACTION: (DEVELOPMENT REVIEW, SUBDIVISION, MINOR PARTITION, SPECIAL USE)

Residential Care Facility in an existing 12-bedroom house

EXISTING USE: Adult Foster Care

PROPOSED USE: Residential Care Facility

IF RESIDENTIAL: NO. OF DWELLING UNITS: 1-Existing
SINGLE FAM. _____ MULTI-FAM. _____

IF INDUSTRIAL/COMMERCIAL: TYPE OF USE: _____
NO. OF SQ. FT. (GROSS FLOOR AREA) _____

IF INSTITUTIONAL: NO. SQ. FT. _____
NO. STUDENTS/EMPLOYEES/MEMBERS: _____

******* ATTENTION SERVICE PROVIDER *******

**PLEASE INDICATE THE LEVEL OF SERVICE AVAILABLE TO THE SITE (ADEQUATE OR INADEQUATE).
RETURN THIS COMPLETED FORM TO THE APPLICANT AS LISTED ABOVE.**

(Do NOT return this form to Washington County. The applicant will submit the completed form with their Land Development Application submittal).

- SERVICE LEVEL IS **ADEQUATE** TO SERVE THE PROPOSED PROJECT. (Use additional sheets if necessary.)
Please indicate what improvements, or revisions to the proposal are needed for you to provide adequate service to this project.

SIGNATURE: *[Signature]* POSITION: General Manager DATE: 2/3/2022

- SERVICE LEVEL IS **INADEQUATE** TO SERVICE THE PROPOSED PROJECT.
Please indicate why the service level is inadequate.

SIGNATURE: _____ POSITION: _____ DATE: _____