

RESIDENTIAL STRUCTURAL APPLICATION

(Accessory Buildings, Additions, & Remodels) **Crook County Residential Application Checklist**

300 NE 3rd Street, Room 12, Prineville, Oregon 97754

Contact Name: _____ Contact Phone: _____

(541) 447-3211

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www.co.crook.or.us

	Site Address:	EMAIL:
	e following items are REQUIRED . The xes of the items you are submitting with t	Checklist MUST be completed before your application will be accepted. Check the his application.
STAFF	APPLICANT	
		ot and building setbacks, location of easements, driveway, footprint of all existing or proposed of wells/septic systems & drain fields, utility locations.
	Foundation plan and cross section connection detail, foundation vent size	Footing and foundation dimensions, anchor bolts, any hold-downs and reinforcing steels and location, and soil type.
		pint loads, dimensions, room identification, door and window sizes and location, location of ventilation fans, plumbing fixtures, balconies, and decks 30 inches above grade or more.
	construction, roof construction. More	framing member sizes and spacing such as floor beams, headers, joists, sub-floor, wall than one cross section may be required to clearly portray construction. Show details of all wall e, ceiling height, siding material, footings, foundation, stairs, fireplace construction, thermal
		ations for additions and remodels, exterior elevations must reflect actual grade if the change in a relope. Full size sheet addendums showing foundation elevations with cross-references are
		path and/or lateral analysis plans): Building plans must show wall construction and details on-prescriptive path analysis provide specifications and calculations to engineering standards ions.
	Engineered truss drawings: Enginee	red and stamped truss drawings with layout and design.
		ctions: details of placement of reinforcing steel, drains, and waterproofing. Engineered plans 4' tall, and basement wall not complying with prescriptive code requirements.
	Beam calculations: Provide calculation code requirements and/or any beam/jo	ons using current code design values for all beams and multiple joists exceeding prescriptive ist carrying a non-uniform load.
		red or provided (sheer wall, roof truss, retianing walls exceeding 4' tall): shall be sensed in Oregon and shall be shown to be applicable to the project under review by crosson.
	Fire sprinkler plans (If required): Plan	ns must show system layout, system specifications and calculations.
	e following applicant or agent has reviewed and omittal.	completed this application packet and affirms all requirements have been meet for application
A	pplicant Signature:	Date:
Printed Name:		Phone:
Re	eceived by:	Date:
	(Staff S	ignature)



Residential Structural

(Accessory Buildings, Additions & Remodels)

Crook County Community Development 300 NE 3rd St. Room 12, Prineville, OR 97754 541-447-3211

Received:		
	Initials:	

Office Use Only

Planning Approval #:	val #: Planner's Signature:							
Septic Permit or Auth #:		SDC's:	Yes / No	Park & Rec Fe	es Required: Yes / No			
Fire Sprinklers Required: Yes / No Flood	Zone: Yes / No		Flood Certifi	cate Required: Ye	es / No			
JOB SITE INFORMATION								
Site Address:		City:		State:	Zip:			
TWN: RGE: SEC:	TL:							
	PERMIT TYP	E AND U	JSE					
Detached Garage Shop Remodel Additi	on Other (specif	y):						
Description of Work:								
Enclosed Structure Sq Ft:	Lean-t	o / Carport /	/ Deck/porch /	Covered Patio Sq	Ft:			
Structure Height: # Of Stories:	# of Additional b	edrooms:	V	aluation of Project	t: \$			
Will this structure be housing livestock?	☐ No							
Is this property on a rim?	☐ No If yes	, a rim ins _l	pection may	be needed.				
OWNE	R & APPLICA	NT INFO	RMATIO	N				
Recorded owner name:		Phone #	:					
Mailing Address:		City:		St:	Zip:			
Owner email:								
Applicant name:		Phone #	# :					
Mailing Address:		City:		St:	Zip:			
Applicant email:								
GENER	AL CONTRACT	TOR INF	ORMATIO	ON				
General contractor name:		Phone #	:					
Mailing Address:		City:		St:	Zip:			
CCB License #:	Site Conta	ct:						
Contact Phone #:	Contact en	nail:						
*** IF THE CONTRACTOR CHANGES, CCCD MUST B	E NOTIFIED AT TH	E TIME OF	CHANGE. A	NEW PERMIT MA	Y BE REQUIRED.			
Applicant certifies the information prov	vidad is two am	d aawaa	t and und	austands that	t any inaovyoatly			
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provided information can result in a denial, or if erroneous information is discovered later or improper application of the code occurred, this permit may be revoked.								
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Applicant Signature:					Date:			
Owner Signature:					Date:			
T								

Permit #

PLEASE NOTE: Structural permits do NOT include your plumbing, mechanical or electrical permits. Those must be applied for separately with the appropriate applications.