



COMMERCIAL REVISION APPLICATION SUBMITTAL REQUIREMENTS/CHECKLIST

CROOK COUNTY COMMUNITY DEVELOPMENT

300 NE 3RD Street, Room 12, Prineville, OR 97754
Phone: (541) 447-3211 Ext. 1 - Fax: (541) 416-2139 -Email: bld@crookcountyor.gov

Use the following checklists to ensure all necessary information has been provided. Failure to submit all requirements will result in plan review delays for your project and your application for plan review may be denied until all requirements are submitted. Check each applicable box.

Additional applications may be found on our website: <https://co.crook.or.us/commdev/page/commercial-applications>

Architectural/Construction Drawings - Minimum Requirements:

Any building resulting in the footprint of 4,000 square feet or greater OR with a ceiling height 20' or more to be designed by an Oregon Registered Design Professional, Engineer's or Architect's seal and signature. All change in occupancy permits must be designed by an Oregon Registered Design Professional, Engineer's or Architect's seal and signature. All commercial plans must be submitted in paper form 11" x 17" minimum & must be legible.

1. Application

Staff

Applicant

- Complete code summary
- Specify model code information
- Construction Type**
- Occupancy Type** (show all types by floor and total)
- Occupant load calculation** (show for occupancy type and total)
- Number of stories and total height in feet
- Building Square footage (per floor and total)
- Mixed-use ratio (if applicable)
- List work to be performed under this permit. Description of scope.
- List Design professional architects: structural engineers, owner, developer, or any other design members.

2. Architectural Drawings

- Drawings to include a plan review, elevations and sections as required.
- Include occupant load calculation for every floor, room, and or space.
- Identify all new, existing, and eliminated exits.
- Show maximum travel distance and all fire life safety requirements on egress plans.
- Show locations of all permanent rooms, walls, and shafts. Specify use of each room and/or area.
- Include stair section showing rise, run, landings, headroom, handrail, and guardrail dimensions.
- Note uses of adjacent tenant spaces.
- Provide door and door hardware schedules.
- Identify the location of all new walls, doors, windows, etc.
- Provide details and assembly numbers for any fire resistive assemblies.
- Indicate all rated walls, doors, windows, and penetrations.
- Provide a legend that distinguishes existing walls, walls to be removed, and new walls.
- Show location of appliances that can generate grease vapors.
- Identify fire alarm panel and remote annunciator(s).
- Include basement areas (whether they are to be used for this project or not).
- Show fire sprinkler riser rooms.
- Identify location of specialty suppression systems.
- Show accessible requirements, existing and proposed.

3. Reflected Ceiling Plan

Staff

Applicant

- Provide ceiling construction details.
- Show location of all emergency lighting and exit signage.
- Include lighting fixture schedule.

4. Structural Drawings

- Prepared by a design professional with a current and valid license / stamp.
- Type of materials to be used with size, spacing and connections.
- Specify size, spacing, span, and wood species or metal gage for all stud walls.
- Indicate all wall, beam, and floor connections.

5. Fire Department Requirements

- Fire department access and water supply approval from Crook County Fire & Rescue signed from the Fire Marshal. Visit <https://crookcountyfireandrescue.com> or call 541-447-5011 for more information.

6. Valuation Breakdown

Provide an accurate breakdown of costs (time & materials / equipment) to complete this project. If possible, provide any current bids.

Structural	Mechanical	Plumbing	Electrical	Other

7. Deferred Submittals

Deferred submittals are required when a portion of the plan is submitted for review **after** the original submission. See the Deferred Submittal Form for complete details.

Deferred Submittal Form: Included Not Included/Applicable

Specific Requirements - Special Conditions

1. Subcontractor Applications

All subcontractor permits will require an application be completed with the sub-contractors' information before the total permit cost can be calculated and before the permit can be issued. These applications may be found on our website:

<https://co.crook.or.us/commdev/page/commercial-applications>

2. Special Inspections:

Yes (application attached)

No (application not required)

Any commercial project requiring special inspections by the design professional and/or by State code, is required to submit a complete Special Inspection and Testing Agreement before permit issuance.

3. Medical Gas Plans

Show location of all piping, valves, vacuum pumps and compressors. Show size and type of all piping and fittings. Show location and type of all alarms and outlets. Show location and volume of all supply gas. Provide specifications of vacuum pumps and compressors and ventilation requirements for storage areas.

"Example may include the use of general anesthesia which could result in a patient becoming incapable of recognizing a fire emergency or of immediately leaving the building without assistance."

Will there be use of procedures that render a patient incapable of unassisted self-preservation?

Yes

No

The following applicant or agent has reviewed and completed this application packet and affirms all requirements have been met for application submittal.

Signature: _____ Date: _____

Printed Name: _____ Phone: _____

Received By: _____ Date: _____



Commercial Revision Application

Crook County Community Development
 300 NE 3rd St. Room 12, Prineville, OR 97754
 541-447-3211 Email: bld@crookcountyor.gov

Received:

Initials:

Office Use Only

County Planning Approval #:	Site Map attached: Yes / No	Architectural Letter: Yes / No
City Planning Approval #:		

JOB SITE / OWNER INFORMATION

Owner Name:	Phone #
Owner Email:	
Site Address:	
City:	State:
Zip:	Map/Tax #:

COMPLETE DESCRIPTION of REVISIONS:

Original Permit #:		
ADDITIONAL SQ FT:	EXISTING SQ FT:	
BLDG HEIGHT:	# OF STORIES:	
TYPE OF CONSTRUCTION:	OCCUPANCY GROUP(S):	OCCUPANCY LOAD:

APPLICANT INFORMATION

Applicant Name:			
Address:	City	ST	ZIP
Owner Email:	Applicant Email:		

CONTRACTOR

CONTRACTOR:	Phone #:
License #:	Email:
Contact Person:	

***** IF ANY OF THE CONTRACTORS CHANGE, WE MUST BE NOTIFIED AT THE TIME OF CHANGE AND A NEW PERMIT MAY BE REQUIRED.**

Applicant Signature:	Date:
Owner Signature:	Date:
Contact Person:	Phone #:
Contact Email:	