



# COMMERCIAL STRUCTURAL APPLICATION SUBMITTAL REQUIREMENTS/CHECKLIST

## CROOK COUNTY COMMUNITY DEVELOPMENT

300 NE 3<sup>RD</sup> Street, Room 12, Prineville, OR 97754  
Phone: (541) 447-3211 – 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   |
|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> Complete code summary  |
| <input type="checkbox"/> | <input type="checkbox"/> Specify model code information   |
| <input type="checkbox"/> | <input type="checkbox"/> <b>Construction Type</b>   |
| <input type="checkbox"/> | <input type="checkbox"/> <b>Occupancy Type</b> (show all types by floor and total)  |
| <input type="checkbox"/> | <input type="checkbox"/> <b>Occupant load calculation</b> (show for occupancy type and total)                                       |
| <input type="checkbox"/> | <input type="checkbox"/> Number of stories and total height in feet   |
| <input type="checkbox"/> | <input type="checkbox"/> Building Square footage (per floor and total)  |
| <input type="checkbox"/> | <input type="checkbox"/> Mixed-use ratio (if applicable)  |
| <input type="checkbox"/> | <input type="checkbox"/> List work to be performed under this permit. Description of scope.   |
| <input type="checkbox"/> | <input type="checkbox"/> 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

- |                          |  |
|--------------------------|--|
| <b>Staff</b>             | <b>Applicant</b>   |
| <input type="checkbox"/> | <input type="checkbox"/> Provide ceiling construction details.                     |
| <input type="checkbox"/> | <input type="checkbox"/> Show location of all emergency lighting and exit signage. |
| <input type="checkbox"/> | <input type="checkbox"/> 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 procedures that render a patient incapable of unassisted self-preservation?**     Yes     No

**4. If your project includes access control systems, you must submit an Access Controlled Egress System Checklist.**

**5. If your building is 50,000 sq. ft. or larger, contains a basement, or is a below grade building, you must submit an Emergency Responder Radio Coverage Checklist.**

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: \_\_\_\_\_



# New Commercial Structural Application

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

Received:  
  
  
Initials:

Office Use Only

County Planning Approval #:	Septic Permit or Auth. #:		
Site Map attached: Yes / No	Fire Sprinklers Required: Yes / No	Architectural Letter: Yes / No	Address/Fire Marker: Yes / No
Flood Zone: Yes / No	Flood Certificate Required: Yes / No	SDC's: Yes / No	Park & Rec Fees Required: Yes / No
City Planning Approval #:	Date:	Planner's Signature:	

## SITE INFORMATION

<b>BUSINESS / COMMERCIAL NAME:</b>						
Site Address:						
City	State	Zip	TWN	RGE	SEC	TL

## PROJECT TYPE AND USE

<input type="checkbox"/> NEW	<input type="checkbox"/> REMODEL	<input type="checkbox"/> ADDITION	<input type="checkbox"/> ALTERATION	<input type="checkbox"/> SIGN	<input type="checkbox"/> OTHER:
WILL THERE BE: FIRE SUPPRESSION:		<input type="checkbox"/> YES	<input type="checkbox"/> NO	FIRE ALARM(S): <input type="checkbox"/> YES <input type="checkbox"/> NO	
FULL DESCRIPTION OR INTENDED USE OF PROJECT:					
NEW BUILDING OR ADDITIONAL SQ FT:			EXISTING SQ FT:		
BLDG HEIGHT:		# OF STORIES:		TYPE OF ROOFING:	
TYPE OF CONSTRUCTION:		OCCUPANCY GROUP(S):		OCCUPANCY LOAD:	
Are any of the following to be constructed / remodeled?					
<input type="checkbox"/> RESTAURANT		<input type="checkbox"/> POOL		<input type="checkbox"/> SPA <input type="checkbox"/> MEDICAL	
IS THIS PROPERTY ON A RIM? <input type="checkbox"/> Yes <input type="checkbox"/> No if "Yes": a rim inspection may be needed					
JOB VALUATION / BID \$		BID ATTACHED:		<input type="checkbox"/> YES <input type="checkbox"/> NO	
Permit fees are based on the value of the work performed. Indicate the value (to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application					

**NOTICE:** Separate applications are required for plumbing, mechanical, electrical, fire sprinkler or suppression systems and/or fire alarms. If there are deferred submittals, is the form attached to this application?  YES  NO

## OWNER & APPLICANT INFORMATION

<b>RECORDED OWNER:</b>		PHONE #:			
ADDRESS:	CITY	ST	ZIP		
OWNER EMAIL:					
<b>APPLICANT:</b>		PHONE #:			
ADDRESS:	CITY	ST	ZIP		
APPLICANT EMAIL:					

<b>GENERAL CONTRACTOR INFORMATION</b>			
CONTRACTOR:		PHONE #:	
ADDRESS:	CITY	ST	ZIP
LICENSE #:	EXPIRATION DATE		
CONTACT NAME:	CONTACT PHONE #:		
CONTACT EMAIL:			

<b>PLUMBING CONTRACTOR INFORMATION - COMPLETED APPLICATION ATTACHED:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO			
PLUMBING CONTRACTOR:		PHONE #:	
ADDRESS:	CITY	ST	ZIP
BCD LICENSE #:	PLUMBERS CCB #:		

<b>MECHANICAL CONTRACTOR INFORMATION – COMPLETED APPLICATION ATTACHED:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO			
<b>THE BID/PROJECT VALUATION FOR ALL MECHANICAL WORK: \$</b>			
MECHANICAL CONTRACTOR:		PHONE #:	
ADDRESS:	CITY	ST	ZIP
LICENSE #:			
<b>PROPANE INSTALLER:</b>	LPG LICENSE #:		

<b>ELECTRICAL CONTRACTOR INFORMATION - COMPLETED APPLICATION ATTACHED:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO			
ELECTRICAL CONTRACTOR:		PHONE #:	
ADDRESS:	CITY	ST	ZIP
ELECTRICAL CCB #:	BCD #:		
<b>ELECTRICAL SUPERVISOR:</b>	LICENSE #:		
* IS TEMPORARY POWER NEEDED?	<input type="checkbox"/> YES	<input type="checkbox"/> AT ISSUANCE	<input type="checkbox"/> NO
* TEMPORARY POWER CONTRACTOR:	LICENSE #:		

**** WILL THIS PROPERTY BE FOR SALE, LEASE OR RENT? <input type="checkbox"/> YES <input type="checkbox"/> NO
**** IF ANY OF THE ABOVE 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 FOR PERMIT ISSUANCE:	PHONE #:

**REQUIREMENTS PRIOR TO APPLYING FOR BUILDING PERMITS:**

- Required septic permits must have been purchased
- The project must be approved by the Planning department

**IF APPLICABLE, THE FOLLOWING MUST BE COMPLETED AND ATTACHED:**

- Moisture Content Acknowledgement Form (Needed any time wood is used in the construction.)
- Authorization Form (Needed when the owner gives another party authorization to apply, get info, etc.)

**PLEASE NOTE:** Building, plumbing, mechanical & electrical contractors must be listed with license, address & phone numbers.

Exceptions to the above cannot be made. Contact the C.C.C.D. office if you have any questions at: 541-447-3211