



# NEW ONE- or TWO-FAMILY DWELLING APPLICATION

## Crook County Residential Application Checklist

300 NE 3<sup>rd</sup> Street, Room 12, Prineville, Oregon 97754



(541) 447-3211



bld@co.crook.or.us



www.co.crook.or.us

Contact Name: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

Site Address: \_\_\_\_\_ EMAIL: \_\_\_\_\_

The following items are **REQUIRED**. The Checklist **MUST** be completed before your application will be accepted. Check the boxes of the items you are submitting with this application.

### STAFF APPLICANT

- Site/Plot plan:** The plan must show lot and building setbacks, location of easements, driveway, footprint of all existing or proposed structures (including decks), location of wells/septic systems & drain fields, utility locations.
- Zoning, Moisture & Lighting Form** – Complete the form and include the required plans. See document for complete instructions.
- 2021 Residential Code / HVAC System & WHV Checklist** – Complete the document and **include the required plans**. See document for complete instructions.
- Foundation plan and cross section:** Footing and foundation dimensions, anchor bolts, any hold-downs and reinforcing steel, connection detail, foundation vent size and location, and soil type.
- Floor plans:** Showing joist layout, point loads, dimensions, room identification, door and window sizes and location, location of smoke detectors, water heater, HVAC, ventilation fans, plumbing fixtures, balconies, and decks 30 inches above grade or more.
- Cross sections & details:** Show all framing member sizes and spacing such as floor beams, headers, joists, sub-floor, wall construction, roof construction. More than one cross section may be required to clearly portray construction. Show details of all wall and roof sheathing, roofing, roof slope, ceiling height, siding material, footings, foundation, stairs, fireplace construction, thermal insulation, etc.
- Elevation views:** Minimum of 2 elevations for additions and remodels, exterior elevations must reflect actual grade if the change in grade is greater than 4' at building envelope. Full size sheet addendums showing foundation elevations with cross-references are acceptable.
- Wall framing/bracing (prescriptive path and/or lateral analysis plans):** Building plans must show wall construction and details, locations of lateral brace panels. For non-prescriptive path analysis provide specifications and calculations to engineering standards. Identify type of wall bracing and locations.
- Engineered truss drawings or roof framing plan:** Engineered and stamped truss drawings with layout and design.
- Basement & retaining wall cross sections:** details of placement of reinforcing steel, drains, and waterproofing. Engineered plans required for retaining walls exceeding 4' tall, and basement wall not complying with prescriptive code requirements.
- Beam calculations:** Provide calculations using current code design values for all beams and multiple joists exceeding prescriptive code requirements and/or any beam/joist carrying a non-uniform load.
- Engineer's calculations when required or provided (sheer wall, roof truss, retaining walls exceeding 4' tall):** shall be stamped by an engineer or architect licensed in Oregon and shall be shown to be applicable to the project under review by cross-reference to the application plan location.
- Fire sprinkler plans (If required):** Plans must show system layout, system specifications and calculations.

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

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Received by: \_\_\_\_\_ Date: \_\_\_\_\_

(Staff Signature)



# One- or Two-Family Dwelling

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

Date Submitted:

Initials:

Office Use Only

<b>Planning Approval #:</b>	<b>Planner's Signature:</b>
<b>Septic Permit or Auth #:</b>	<b>SDC's: Yes / No</b> <b>Park &amp; Rec Fees Required: Yes / No</b>
<b>Fire Sprinklers Required: Yes / No</b>	<b>Flood Zone: Yes / No</b> <b>Flood Certificate Required: Yes / No</b>

## JOB SITE INFORMATION

Site Address:	City:	State:	Zip:
TWN:	RGE:	SEC:	TL:
<input type="checkbox"/> Single - Family dwelling <input type="checkbox"/> Accessory Dwelling Unit (ADU) <input type="checkbox"/> Two - Family dwelling			
Dwelling SQ FT:	Attached Garage SQ FT:	Deck/Porch SQ FT:	
Dwelling height:	# of stories:	# of bedrooms:	# of bathrooms:
Is this a replacement dwelling? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If so, original home must be removed within 90 days from final date)</i>			
Is this property on a rim? <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, a rim inspection may be needed.			
*** Is this property for sale, lease or rent? <input type="checkbox"/> Yes <input type="checkbox"/> No			
***If the answer to the above question is yes, you CANNOT be your own contractor per state law.			

## OWNER & APPLICANT INFORMATION

Recorded owner name:	Phone #:
Mailing Address:	City:      St:      Zip:
Owner e-mail:	
Applicant name:	Phone #:
Mailing Address:	City:      St:      Zip:
Applicant e-mail:	

## GENERAL CONTRACTOR INFORMATION

General contractor name:	Phone #:
Mailing Address:	City:      St:      Zip:
CCB License #:	Site Contact:
Contact phone #:	Contact e-mail:

## PLUMBING INFORMATION

Plumbing contractor:	Phone #:	
Mailing Address:	City:      St:      Zip:	
CCB License #:	BCD License #:	JP License #:
Water Source: <input type="checkbox"/> Water District <input type="checkbox"/> Community <input type="checkbox"/> Well <input type="checkbox"/> Shared Well <input type="checkbox"/> City <input type="checkbox"/> Cistern		
Distance from water source to dwelling:		
Distance from dwelling to the septic tank / sewer connection:		
Is a backflow device being installed: <input type="checkbox"/> Yes   How many? <input type="checkbox"/> No		

FIRE SUPPRESSION INFORMATION			
Fire suppression required?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Fire suppression contractor:			Phone #:
Mailing Address:	City:	St:	Zip:
CCB License #:			
Type of fire suppression system?			
Is a backflow device being installed:	<input type="checkbox"/> Yes	How many?	<input type="checkbox"/> No

MECHANICAL INFORMATION			
Mechanical contractor:			Phone #:
Mailing Address:	City:	St:	Zip:
License #:	CCB#		
<b>Propane installer interior:</b>	<b>LPG license #</b>		
<b>Propane installer exterior:</b>	<b>LPG license #</b>		
Heat Source(S):	<input type="checkbox"/> Natural Gas	<input type="checkbox"/> Propane	<input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> Wood <input type="checkbox"/> Other:

**List the quantity of the following:**

APPLIANCE/FIXTURE:	GAS	ELECTRIC	APPLIANCE/FIXTURE:	GAS	ELECTRIC
Forced air furnace			A/C unit		
Radiant floor heat			Range		
Water heater			Dryer		
Heat pump			Fireplace insert		
Wood stove, pellet			Barbeque outlets		
Mini-split			Other		

ELECTRICAL INFORMATION			
Electrical contractor:			Phone #:
Mailing Address:	City:	St:	Zip:
Electrical CCB#:	BCD#:		
Signing supervisor name:	Signing supervisor license #:		
Amps:	<input type="checkbox"/> 200	<input type="checkbox"/> 400	<input type="checkbox"/> 600+ Is your electrical service attached to the dwelling? <input type="checkbox"/> Yes <input type="checkbox"/> No
Will the dwelling be wired for a generator?			
Is temporary power needed?	Now <input type="checkbox"/>	At issuance <input type="checkbox"/>	No <input type="checkbox"/>
Is the listed electrician also installing the temp power? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Is anyone other than the listed contractors responsible for any portion of the project? <input type="checkbox"/> Yes <input type="checkbox"/> No i.e.: Decks, exterior utilities covered porches, etc.
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**\*\* IF ANY CONTRACTORS CHANGE, THE BUILDING DEPARTMENT MUST BE NOTIFIED AT THE TIME OF CHANGE.**

**Applicant certifies the information provided is true and correct and understands that any incorrectly 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.**

Applicant's signature:	Date:
Owner's signature:	Date:

## Residential Energy Additional Measure Selection

Site Address: \_\_\_\_\_

### Select the type of construction and select the applicable additional measures on the applicable table.

- New construction. All conditioned spaces within residential buildings shall comply with Table N1101.1(1), and one additional measure from Table N1101.1(2).

Note: If using Exception 3 of Section N1105.3 for the installation of ducts and air handling equipment, two additional measures shall be selected for compliance from Table N1101.1(2). Check the selected measure(s) on Page 2. Depending on the additional measure you have selected, there may be sub-options that you will have to specify. Check the appropriate box if provided.

- Additions. Additions to existing buildings or structures may be made without making the entire building or structure comply if the new additions comply with the requirements of this chapter. (N1101.3)
  - Large additions. Additions that are equal to or more than 600 square feet (55 m<sup>2</sup>) in area, must comply with Table N1101.1(2) on Page 2.
  - Small additions. Additions that are less than 600 square feet (55 m<sup>2</sup>) in area, must select one measure from Table N1101.1 (2) on page 2 or Table N1101.3.
  - Exception: Additions that are less than 225 square feet (20.90 m<sup>2</sup>) in area are not required to comply with Table N1101.1(2) or Table N1101.3.

**Note: Depending on which Additional Measures you have selected, there may be sub-options that you will have to specify  
Check the appropriate box if provided.**

**TABLE N1101.3 - SMALL ADDITION ADDITIONAL MEASURES**

1	Increase the ceiling insulation of the existing portion of the home as specified in Table N1101.2.
2	Replace all existing single-pane wood or aluminum windows to the U-factor as specified in Table N1101.2.
3	Insulate the floor, crawl space or basement wall as specified in Table N1101.2 & install 100 percent of permanently installed lighting fixtures as CFL, LED, or linear fluorescent or a minimum efficacy of 40 lumens per watt as specified in Section N1107.2.
4	Test the entire dwelling with a blower door and exhibit no more than 4.5 air changes per hour @ 50 Pascals
5	Seal and performance test the duct system.
6	Replace existing 80 percent AFUE or less gas furnace with a 94 percent AFUE or greater system.
7	Replace existing electric radiant space heaters with a ductless mini split system with a minimum HSPF of 10.0 or HSPF2 of 9.0.
8	Replace existing electric forced air furnace with an air source heat pump with a minimum HSPF of 9.5 or HSPF2 of 8.1.
9	Replace the existing water heater with one of the following. A. Natural gas / propane water heater with a minimum UEF 0.90 B. Electric heat pump water heater with minimum 2.0 COP.

**TABLE N1101.1 (2) ADDITIONAL ENERGY MEASURES**

1	<b>High efficiency HVAC system<sup>a</sup></b>
	a. Gas-fired furnace or boiler AFUE 94%, or b. Air source heat pump HSPF 10.0/16.0 SEER cooling, or 8.5 HSPF2 / 15.0 SEER2, or c. Ground source heat pump COP 3.5 or Energy Star rated.
2	<b>High efficiency water heater</b>
	a. Natural gas / propane water heater with a minimum 0.90 UEF, or b. Electric heat pump water heater with minimum 3.45 UEF, or c. Natural gas / propane tankless / instantaneous heater with minimum 0.80 UEF and drain water heat recovery unit installed on minimum of one shower / tub-shower.
3	<b>Wall insulation upgrade</b>
	Exterior walls — U-0.045 / R-21 conventional framing + R-5 continuous insulation. <b>Provide exterior wall details.</b>
4	<b>Advanced envelope</b>
	Windows — U-0.21 (Area weighted average), and Flat ceiling <sup>b</sup> - U-0.017 / R-60, and Framed floors - U-0.026 / R-38 or slab edge insulation to F-0.48 or less (R-10 for 48"; R-15 for 36" or R-5 fully insulated slab).
5	<b>Ductless heat pump</b>
	For dwelling units with all electric heat <b>provide:</b> A. Ductless heat pump of minimum HSPF 10 or HSPF2 9.0 in primary zone replaces zonal electric heat sources, and B. Programmable thermostat for all heaters in bedrooms.
6	<b>High efficiency thermal envelope UA<sup>c</sup></b>
	Proposed UA is 8% lower than the code UA <b>Calculation required.</b> BCD Measure 6 thermal performance calculator. <a href="https://www.oregon.gov/bcd/codes-stand/pages/energy-residential-compliance.aspx">https://www.oregon.gov/bcd/codes-stand/pages/energy-residential-compliance.aspx</a>
7	<b>2.75 ACH air leakage control and efficient ventilation</b>
	Achieve a maximum of ACH50 whole-house air leakage when third-party tested and provide a whole-house ventilation system, including 2.75 heat recovery with a minimum sensible heat recovery efficiency of not less than 66 percent and total fan efficacy of 1.6 CFM/Watt (combined input for supply and exhaust).

For SI: 1 square foot = 0.093 m<sup>2</sup>, 1 watt per square foot = 10.8 W/m<sup>2</sup>.

- a. Appliances located within the building thermal envelope shall have sealed combustion air installed. Combustion air shall be ducted directly from the outdoors.
- b. The maximum vaulted ceiling surface area shall not be greater than 50% of the total heated space floor area unless vaulted area has a U-factor no greater than U-0.026. **(U-0.026 = R-38 with advanced roof framing (full height insulation to wall.) Raised truss heels typically required.)**
- c. In accordance with Table N1104.1(1), the Proposed UA total on the Proposed Alternative Design shall be a minimum of 8% less than the Code UA total on the Standard Base Case.

# Zoning, Moisture & Lighting Form

## ACKNOWLEDGEMENTS

### Zoning Setback

Only a State of Oregon Licensed land surveyor can certify the correct location of this building on this lot. Crook County Community Development Department strongly recommends that the applicant retain a licensed land surveyor to verify the zoning setbacks applicable to this lot. Accuracy of building setbacks is the sole responsibility of the applicant, contractor, and/or owner.

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### Moisture Content

To conform to Oregon Residential Specialty Code (ORSC), Section R318.2 and Oregon Administrative Rule (OAR) 918-480-140, I am notifying the Building Official that I certify all wood framing complies with the moisture content requirements of ORSC Section R318.2 and will take steps to meet this code requirement. [*Section R318.2 is provided for reference.*]

[*R318.2 Moisture Content. Prior to installation of the interior finishes, the Building Official shall be notified in writing by the general contractor that all moisture-sensitive wood framing members used in construction have a moisture content of not more than 19% of the weight of dry wood framing members.*]

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### High-Efficiency Lighting Verification

**N1107.2 High-efficiency interior lighting.** All permanently installed lighting fixtures shall be high efficiency light sources. High Efficiency Light Sources includes: compact fluorescent lamps, T-8 or smaller diameter linear fluorescent lamps, LED lamps, fixture-integrated illumination devices or other lamp types with an efficacy not less than 65-lumens per watt for each lamp or luminaires with an efficacy not less than 45 lumens per watt for each luminaire.

*Exception: Two permanently installed lighting fixtures are not required to be high-efficiency when controlled by a dimmer or automatic control.*

**N1107.3 High-efficiency exterior lighting.** All exterior lighting fixtures affixed to the exterior of the building shall be high-efficiency light sources. High Efficiency Light Sources includes: compact fluorescent lamps, T-8 or smaller diameter linear fluorescent lamps, LED lamps, fixture-integrated illumination devices or other lamp types with an efficacy not less than 65-lumens per watt for each lamp or luminaires with an efficacy not less than 45 lumens per watt for each luminaire.

*Exception: Two permanently installed lighting fixtures are not required to be high-efficiency when controlled by automatic control.*

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**By signing, I acknowledge that all information contained in this form is true to the best of my knowledge.**

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant Print: \_\_\_\_\_ Contact Number: \_\_\_\_\_

# 2021 Residential Code / HVAC System & WHV Checklist

Site Address: \_\_\_\_\_

*The following items are **REQUIRED**. A basic drawing in plan view of HVAC system/WHV & energy compliance path is required in addition to the checklist. The Checklist **MUST** be completed before your application will be accepted.*

*Check the boxes of the items you are submitting with this application.*

## INSTALLATION OF DUCTS

**Section N1105.3** All new duct systems and air handling equipment and appliances shall be located fully within the building thermal envelope.

Exceptions:

1. Ventilation intake ductwork and exhaust ductwork.
2. Up to 5 percent of the length of an HVAC system ductwork shall be permitted to be located outside of the thermal envelope.
3. Ducts deeply buried in insulation in accordance with all the following:
  - 3.1 Insulation shall be installed to fill gaps and voids between the duct and the ceiling, and a minimum of R-19 insulation shall be installed above the duct between the duct and unconditioned attic.
  - 3.2 Insulation depth marker flags shall be installed on the ducts every 10 feet (3048 mm) or as approved by the building official.

**To comply with this requirement** (Please select all applicable boxes):

- Ducts will be installed in the conditioned space
- No heating or cooling ducts are being installed
- Ducts in unconditioned attic will have R-19 above and comply with requirements for deeply buried ducts
- Under-floor space will be conditioned and meet the requirements of R408.3 by using:
  - 2.1 Continuously Operated Mechanical Exhaust (Required C.F.M. \_\_\_\_\_)
  - 2.2 Conditioned Air Supply (Required C.F.M. \_\_\_\_\_)
- Under-floor space will not be conditioned and ducts will have R-19 insulation installed below duct. (see Oregon Building Codes Division technical bulletin for accepted methods)
- Other method will be used for heating and cooling ducts not in conditioned space.

Please specify:

\_\_\_\_\_  
\_\_\_\_\_

# MECHANICAL WHOLE-HOUSE VENTILATION SYSTEM (WHV)

**Section R303.4** Each dwelling unit shall be provided with whole-house mechanical ventilation.

To comply with this requirement; please select all applicable boxes for the system you are utilizing

<input type="checkbox"/>	HRV System
<input type="checkbox"/>	ERV System
<input type="checkbox"/>	Other Method

Please specify: \_\_\_\_\_

	<b>OPTION 1</b>	<b>TABLE M1505.4.3(1)</b>
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## CONTINUOUS WHOLE-HOUSE MECHANICAL VENTILATION SYSTEM AIRFLOW RATE REQUIREMENTS

DWELLING UNIT FLOOR AREA (sq ft)	NUMBER OF BEDROOMS				
	0 - 1	2 - 3	4 - 5	6 - 7	> 7
	Airflow in CFM				
< 1,500	30	45	60	75	90
1,501 - 3,000	45	60	75	90	105
3,001 - 4,500	60	75	90	105	120
4,501 - 6,000	75	90	105	120	135
6,001 - 7,500	90	105	120	135	150
> 7,500	105	120	135	150	165

For SI: square foot = 0.0929m<sup>2</sup>, 1 cubic foot per minute = 0.0004719 m<sup>3</sup>/s.

**Section 1505.4** Balanced\* WHV is provided with a minimum C.F.M. rate of \_\_\_\_\_

\*Balanced system shall have supply and exhaust rates within a 10% margin

	<b>OPTION 2</b>	<b>TABLE M1505.4.3(2)</b>
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## INTERMITTENT WHOLE-HOUSE MECHANICAL VENTILATION RATE FACTORS <sup>a, b</sup>

RUN-TIME PERCENTAGE IN EACH 4-HOUR SEGMENT	25%	33%	50%	66%	75%	100%
Factor <sup>a</sup>	4	3	2	1.5	1.3	1

a. For ventilation system run time values between those given, the factors are permitted to be determined by interpolation

b. Extrapolation beyond the table is prohibited

**Section 1505.4** Balanced\* WHV is provided with a minimum C.F.M. rate of \_\_\_\_\_ and using a 4-hour factor of \_\_\_\_\_ based on Tables M1505.4.3(1) and (2)

\*Balanced system shall have supply and exhaust rates within a 10% margin