CRO	OK COUNT	<b>Residential Revision Application</b>					
	erving you	Crook County Residential Application Checklist					
		300 NE 3 <sup>rd</sup> Street, Room 12, Prineville, Oregon 97754					
	15T. 1882 (541) 447-3211	⊠ bld@crookcountyor.gov 🛞 www.co.crook.or.us					
		Contact Phone:					
	Site Address:	EMAIL:					
		<b>REQUIRED</b> . The Checklist <b>MUST</b> be completed before your application will be accepted. ems you are submitting with this application.					
STAFF	F APPLICANT						
		ist show lot and building setbacks, location of easements, driveway, footprint of all existing or proposed , location of wells/septic systems & drain fields, utility locations.					
		<b>ss section:</b> Footing and foundation dimensions, anchor bolts, any hold-downs and reinforcing steel, n vent size and location, and soil type.					
		<b>Floor plans:</b> 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.					
	construction, roof constructi	Show all framing member sizes and spacing such as floor beams, headers, joists, sub-floor, wall ion. More than one cross section may be required to clearly portray construction. Show details of all wall , roof slope, ceiling height, siding material, footings, foundation, stairs, fireplace construction, thermal					
		of 2 elevations for additions and remodels, exterior elevations must reflect actual grade if the change in building envelope. Full size sheet addendums showing foundation elevations with cross-references are					
$\square$	Zoning, Moisture & Lighti	ing Form – Complete the form and include the required plans. See document for complete instructions.					
	<b>2021 Residential Code</b> / I document for complete instr	HVAC System & WHV Checklist – Complete the document and include the required plans. See ructions.					
	Wall framing/bracing (pre locations of lateral brace standards. Identify type of w	escriptive path and/or lateral analysis plans): Building plans must show wall construction and details, panels. For non-prescriptive path analysis, provide specifications and calculations to engineering vall bracing and locations.					
$\square$	Engineered truss drawings	s: Engineered and stamped truss drawings with layout and design.					
		<b>Il cross sections:</b> details of placement of reinforcing steel, drains, and waterproofing. Engineered plans exceeding 4' tall, and basement wall not complying with prescriptive code requirements.					
		e calculations using current code design values for all beams and multiple joists exceeding prescriptive ny beam/joist carrying a non-uniform load.					
		<b>nen required or provided ( sheer wall, roof truss, retianing walls exceeding 4' tall):</b> shall be inchitect licensed in Oregon and shall be shown to be applicable to the project under review by crossplan location.					
The	e following applicant or agent has reviewe	ed and completed this application packet and affirms all requirements have been met for application submittal.					
Si	gnature:	Date:					
Pr	rinted Name:	Phone:					
Re	eceived bv:	Date:					

(Staff Signature)



## **Residential Revision Application**

Crook County Community Development 300 NE 3rd St. Room 12, Prineville, OR 97754 Phone: (541) 447-3211 E-mail: bld@crookcountyor.gov Received:

Initials:

<b>County Planning Approval #:</b>
City Planning Approval #:

Office Use Only

nning Approval #:	Architectural Letter: Yes / No
ng Approval #:	Site Map attached: Yes / No

Site Address:						
City:	State:	Zip:	TWN	RGE	SEC	TL
Complete Description of Revisions:						
Original Permit #:						
Sq Ft Change:	Garage Sq Ft cha	nge:	Deck	/Patio Sq Ft Ch	ange:	

## **OWNER & APPLICANT INFORMATION** Owner/Applicant Name: Phone #: Address: City: St: Zip: Applicant Email:

CONTRACTOR INFORMATION					
General Contractor:	Phone #:				
CCB License #:	Email:				
Contact Person:					
Plumbing Contractor:	Phone #:				
CCB License #:	Email:				
BCD License #:	JP License #:				
Contact Person:					
Mechanical Contractor:	Phone #:				
CCB License #:	Email:				
Contact Person:					
Electrical:	Phone #:				
CCB License #:	Email:				
BCD License #:					
Contact Person:					
<b>Electrical Signing Supervisor:</b>	Phone #:				
License #:					

## \*\*\*\* **OUR OFFICE MUST BE IMMEDIATELY NOTIFIED WITH ANY CONTRACTOR CHANGES! NEW PERMIT(S) MAY BE REQUIRED**

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

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