




# Residential Revision Application

## Crook County Residential Application Checklist

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

 (541) 447-3211

 bld@crookcountyor.gov

 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.
- 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.
- 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.
- 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:** 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.

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: \_\_\_\_\_

(Staff Signature)



# Residential Revision Application

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

Received: \_\_\_\_\_  
  
Initials: \_\_\_\_\_

Office Use Only

|                                    |                                       |
|------------------------------------|---------------------------------------|
| <b>County Planning Approval #:</b> | <b>Architectural Letter: Yes / No</b> |
| <b>City Planning Approval #:</b>   | <b>Site Map attached: Yes / No</b>    |

| JOB SITE INFORMATION  |        |      |     |     |     |    |
|---|--------|------|-----|-----|-----|----|
| Site Address:   |        |      |     |     |     |    |
| City:   | State: | Zip: | TWN | RGE | SEC | TL |
| Complete Description of Revisions:  |        |      |     |     |     |    |
|   |        |      |     |     |     |    |
|   |        |      |     |     |     |    |
|   |        |      |     |     |     |    |
|   |        |      |     |     |     |    |
|   |        |      |     |     |     |    |
|   |        |      |     |     |     |    |
| Sq Ft Change:                      Garage Sq Ft change:                      Deck/Patio Sq Ft Change: |        |      |     |     |     |    |
| Original Permit #:  |        |      |     |     |     |    |

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

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