



# COMMERCIAL REVISION APPLICATION SUBMITTAL REQUIREMENTS/CHECKLIST

## CROOK COUNTY COMMUNITY DEVELOPMENT

300 NE 3<sup>RD</sup> Street, Room 12, Prineville, OR 97754

Phone: (541) 447-3211 Ext. 1 - Fax: (541) 416-2139 - [www.co.crook.or.us](http://www.co.crook.or.us) - [BLD@co.crook.or.us](mailto:BLD@co.crook.or.us)

**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 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 3<sup>rd</sup> St. Room 12, Prineville, OR 97754  
541-447-3211

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:

# 2021 Oregon Energy Efficiency Specialty Code COMcheck Supplement Form



This form should be included with the 2021 Oregon Energy Efficiency Specialty Code (OEESC) Compliance Form.

## BUILDING INFORMATION

Applicant name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Project name: \_\_\_\_\_

Address / location: \_\_\_\_\_

City: \_\_\_\_\_ State: Oregon ZIP: \_\_\_\_\_

☐ Check if not applicable and no items apply

## COMPLIANCE

### Data centers

ASHRAE 90.4-2019 compliance (Sections 6.2.2, 6.5.11, 8.2.1, and 8.5) ☐ Check if not applicable

Mechanical design – Registered design professional

Power design – Registered design professional

Printed name: \_\_\_\_\_

Printed name: \_\_\_\_\_

Registration number: \_\_\_\_\_

Registration number: \_\_\_\_\_

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

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

### Section 5: Envelope Compliance

5.1.2.3: Unconditioned space with limited radiant heating ☐ Check if not applicable

(See Oregon amendment 6.5.8.3 HVAC)

☐ Space is identified on plans. Coverage area with limited radiant heating is identified on plans and the lesser of 500 ft<sup>2</sup> or 10% of floor area per 6.5.8.3

☐ Automatic controls for radiant spot heating per 6.5.8.3.

Plans and specs.: \_\_\_\_\_

5.4.3.3: Vestibules: additional exception ☐ Check if not applicable

This project shall furnish a whole-building air leakage report in lieu of providing a vestibule per the following:

☐ Building is less than 25,000 ft<sup>2</sup>.

☐ Reported whole-building air leakage testing per Section 5.4.3.1.1 is less than 0.30 cfm/ft<sup>2</sup>.

☐ Plans and specifications shall identify building entry door(s) meeting this exception.

Responsible party to provide test results: \_\_\_\_\_

Plans and specs.: \_\_\_\_\_

Printed name  
Registered design professional

Signature

Registration number

Date

# 2021 Oregon Energy Efficiency Specialty Code Compliance Form

This form provides the required information to demonstrate compliance with the 2021 Oregon Energy Efficiency Specialty Code (OEESC), Chapter 13 of the 2019 Oregon Structural Specialty Code, and must be provided to the building official at the time of submitting the plan review documents.

BUILDING INFORMATION		
Applicant name:		Phone number:
Project name:		
Address / location:		
City:	State: Oregon	ZIP:
Primary building use (As indicated on ZERO Code Calculator report):		Number of floors:
<b>Part I COMcheck information</b>		
Compliance path:		COMcheck (Standard 90.1-2019) results:
<input type="checkbox"/> Performance path		<input type="checkbox"/> Pass
<input type="checkbox"/> Prescriptive path		<input type="checkbox"/> Fail *For performance path, submit the energy model report with this form.
Prepared by or under the supervision of:		Date:
<b>Part II Projected energy use</b>		
Enter the ZERO Code 2.0 Calculator results for projected energy use.		
Estimated building energy consumption: _____ MBtu/yr		
<b>Part III Estimated available renewables for the building</b>		
Enter the ZERO Code 2.0 Calculator results for offsets.		
Total renewable energy to achieve Net Zero: _____ MBtu/yr		
On-site PV generational potential: _____ MBtu/yr		
Remaining off-site renewable energy: _____ MBtu/yr		
CHECKLIST AND APPLICANT SIGNATURE		
COMcheck report and ZERO Code 2.0 Calculator report must be submitted with this form.		
<input type="checkbox"/> COMcheck report is attached	<input type="checkbox"/> Energy model report is attached (if COMcheck failed)	
<input type="checkbox"/> ZERO Code Calculator report is attached	<input type="checkbox"/> 2021 OEESC COMcheck supplement report is attached	
Print Name	Signature	Date