



COMMERCIAL TENANT IMPROVEMENT SUBMITTAL REQUIREMENTS/CHECKLIST

CROOK COUNTY COMMUNITY DEVELOPMENT

300 NE 3rd Street, Room 12, Prineville, OR 97754
Phone: (541) 447-3211 - 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"/> Construction Type |
| <input type="checkbox"/> | <input type="checkbox"/> Occupancy Type (show all types by floor and total) |
| <input type="checkbox"/> | <input type="checkbox"/> Occupant load calculation (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

- | | |
|--------------------------|--|
| Staff | Applicant |
| <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: _____



Commercial Tenant Improvement Application

Crook County Building Department
300 NE 3rd St. Room 12, Prineville, OR 97754
(541) 447-3211 Email: bld@crookcountyor.gov

Received:

CITY – Planner Approval: _____ COUNTY – Approval: _____

Type of Permit (check all that apply):

Addition Interior Alteration Exterior Alteration Change of Use Other: _____

JOBSITE Address: _____ Unit/Suite: _____
City: _____ Zip: _____ Map/Tax: _____

Property Owner: _____ Signature: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Phone #: _____ E-mail: _____

PROPOSED Business: _____ Building: Existing New
Current Use of Building: _____ Proposed Use: _____
TENANT Name: _____ TENANT Phone#: _____
TENANT E-mail: _____

APPLICANT: _____ Signature: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Phone #: _____ E-mail: _____

Full Description of Improvement (include plumbing, mechanical, electrical):

Existing sq ft: _____ Additional sq ft: _____ Total Valuation of Job (Materials/Hours): _____

Occupancy Group: _____ Occupancy Load: _____ Construction Type: _____

Will this improvement require a placement of a new sign? Yes No
Note: Signs require a separate Commercial Structural Permit and must be approved by the Planning Department prior to submittal.

Structural Contractor: _____ CCB#: _____
Mailing Address: _____ City: _____ State: _____ Zip: _____
Phone #: _____ E-mail: _____

Plumbing Contractor: _____ CCB#: _____ BCD#: _____
Mailing Address: _____ City: _____ State: _____ Zip: _____
Phone #: _____ E-mail: _____

Mechanical Contractor: _____ CCB#: _____ BCD#: _____
Mailing Address: _____ City: _____ State: _____ Zip: _____
Phone #: _____ E-mail: _____

Electrical Contractor: _____ CCB#: _____ BCD#: _____
Signing Supervisor: _____ License #: _____
Mailing Address: _____ City: _____ State: _____ Zip: _____
Phone #: _____ E-mail: _____

Applications Attached: Structural Plumbing Mechanical Electrical

This application MUST be accompanied by a floor plan indicating before and after improvements.

Once this application has been submitted with your plans, an inspector may set up an appointment to do a walk-through with you. Any additional requirements will be determined at that time.



ACCESSIBILITY: BARRIER REMOVAL PLAN FOR TENANT IMPROVEMENTS CROOK COUNTY COMMUNITY DEVELOPMENT

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 Phone: (541) 447-3211 - www.co.crook.or.us - Email: bld@crookcountyor.gov

REQUIREMENT: OREGON REVISED STATUTE (ORS) 447.241

- (1) Every project for renovation, alteration, or modification to affected buildings and related facilities shall be made to ensure that the path of travel to the altered area and the restroom, telephone and drinking fountains are readily accessible to individuals with disabilities unless such alterations are disproportionate to the overall alterations in terms of cost and scope.
- (2) Alterations made to the path of travel to an altered area may be deemed disproportionate to the overall alteration when the cost exceeds twenty-five percent (25%).

VALUATION:	Total of all renovation, alteration, or modification being completed, excluding painting and wallpaper.	\$	
	MULTIPLIER (25% barrier removal requirement)	\$	x 0.25
	TOTAL BUDGET FOR BARRIER REMOVAL:	\$	

ELEMENTS: In choosing which accessible elements to provide under this section, priority shall be given to those elements that will provide the greatest access. Elements shall be provided in the following order:

- a. Parking \$
 - b. An accessible entrance \$
 - c. An accessible route to the altered area \$
 - d. At least one accessible restroom for each sex or a single unisex restroom \$
 - e. Accessible telephones \$
 - f. Accessible drinking fountains \$
 - g. When possible, additional accessible elements such as storage and alarms \$
- TOTAL (shall be greater than or equal to the TOTAL BUDGET FOR BARRIER REMOVAL within VALUATION section above) \$**