STRUCTURAL APPLICATION

CROOK COUNTY COMMUNITY DEVELOPMENT

300 NE 3rd Street, Room 12, Prineville, Oregon 97754

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

Use the following checklists to ensure all necessary information has been provided. Failure to submit all requirements will delay your application being processed.

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.

1. Architectural Drawings

Staff	Applicant	
☐	☐	Elevations and sections.
☐	☐	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.

2. Reflected Ceiling Plan

Staff	Applicant	
☐	☐	Provide ceiling construction details.
☐	☐	Show location of all emergency lighting and exit signage.
☐	☐	Include lighting fixture schedule.

3. Structural Drawings

☐	☐	Type of materials to be used with size, spacing and connections.
☐	☐	Specify size, spacing, span, and wood species or metal gauge for all stud walls.
☐	☐	Indicate all wall, beam, and floor connections.

4. Crook County Fire & Rescue Requirements

☐	☐	**All applications require a stamped site plan from CC Fire & Rescue.** Visit https://crookcountyfireandrescue.com or call 541-447-5011 for more information

5. Valuation Breakdown

Provide an accurate breakdown of costs (time & materials / equipment) to complete this project.

Structural	Mechanical	Plumbing	Electrical	Other

6. Supplemental Items

1. **Deferred Submittal Application:** 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
2. **Subcontractor Applications:** All subcontractor permits will require an application to 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
3. **Special Inspections:** 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.
   ☐ **Yes (application attached)** ☐ **No (application not required)**
4. **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
5. **Access Controlled Egress:** If your project includes access control systems, you must submit an Access Controlled Egress System Checklist.
6. **Emergency Responder Radio Coverage:** 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: _____

Structural Application

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

Received:

Initials:

Office Use Only

Planning Approval #:	**Septic Permit or Auth. #:**	
Fire Sprinklers Required: Yes / No	**Address/Fire Marker: Yes / No**	**Park & Rec Fees Required: Yes / No**
Flood Zone: Yes / No	**Flood Certificate Required: Yes / No**	**SDC's: Yes / No**

SITE INFORMATION

Business Name:			
Site Address:			
City	State	Zip	
TWN:	RGE:	SEC:	TL:

PROJECT INFORMATION

☐ New ☐ Remodel ☐Addition ☐Alteration ☐Sign ☐Tenant Improvement ☐Change of Use ☐ Other:

Will there be Fire suppression? ☐ Yes ☐ No Will there be fire alarms? ☐ Yes ☐ No

Full Description of Project:

Job Valuation;

(Permit fees are based on the value of the work performed. Indicate the value (to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application)

New Sq Ft:	Existing sq ft:	Building Height:	# of Stories:
Type of Construction:	Occupancy Group/s:	Occupancy load:	

Does the project entail any of the following? Restaurant, Pool/spa, and or medical? ☐ Yes ☐ No

Is the property on a rim? ☐ Yes ☐ No if "Yes": a rim inspection may be needed

OWNER & APPLICANT INFORMATION

Property Owner:	Phone #:		
Mail address:	City:	St:	Zip:
Owner Email:			
Applicant:	Phone #:		
Mailing Address:	City:	St:	Zip:
Applicant email:			

GENERAL CONTRACTOR INFORMATION

General Contractor:	Site Contact Phone #:		
Mailing Address:	City:	St:	Zip:
CCB License #:			
Contact Email:			

**Separate applications are required for plumbing, mechanical, electrical, fire suppression systems and/or fire alarms.*

Owner's Signature:		DATE:
Applicant's Signature:	PHONE #:	