

COMMERCIAL BUILDINGS SUPPLEMENTAL PERMIT INFORMATION

Property Address: _____

Owner's Name: _____ **Owner's Phone #:** _____

Mailing Address: _____
(Street or PO Box) (City) (State) (Zip)

Applicant's Name: _____ **Applicant's Phone #:** _____

(If different from owner)

Mailing Address: _____
(Street or PO Box) (City) (State) (Zip)

Contractor's Name: _____ **Phone #:** _____ **Lic #:** _____

Contact Person: _____ **Contact Phone #:** _____

Mailing Address: _____
(Street or PO Box) (City) (State) (Zip)

Contact Email(s): _____

PROJECT INFORMATION:

Deferred/Phased Submittal

I. STRUCTURAL

Description of Project: _____

Business / Commercial Name (if applicable) _____

Estimated Project Cost/Bid \$ _____ **Square footage of Structure?** _____ **New Structure Height:** _____

Are any of the following being constructed/remodeled? Restaurant(s) Pool(s) Spa(s) N/A

II. ELECTRICAL

No Electrical

Contractor: _____ **Lic #:** _____

of services and sub-panels: _____ **# of Amps/Service:** _____ **# of Circuits/Service:** _____

Temporary Power Needed? Now At Issuance No

Temp Power Contractor: _____ License #: _____

Limited Energy/Low Voltage - **MARK ALL THAT APPLY:**

Boiler Controls	HVAC	Nurse Calls
Clock System	Instrumentations	Outdoor Landscape Lighting
Data Tele-Communication	Intercom/Paging	Protective Signaling
Medical	Landscape Irrigation	Other:

III. MECHANICAL

No Mechanical

Contractor: _____ **Lic #:** _____

PLEASE RECORD THE BID/PROJECT VALUE FOR ALL MECHANICAL WORK: \$ _____

Heat Source: Gas Electric Both Other (specify): _____

Appliances - MARK ALL THAT APPLY AND IF APPLICABLE COMPLETE BOXES TO THE RIGHT:

Furnace/Forced Air Unit	→	Under 100,000 BTU	Over 100,000 BTU
Heat Pump	→	Under 100,000 BTU	Over 100,000 BTU
Cadet Heater / Baseboard Electric Wall Heaters	→	Enter Quantity	
Boiler	→	Under 200,000 BTU	Over 200,000 BTU
Radiant Floor Heating	→	Open Loop	Closed Loop
Exhaust Fans	→	Enter Quantity	

IV. PLUMBING

No Plumbing

Contractor: _____ **Lic #:** _____

Installing/Altering/Relocating Water Line? # of feet: _____ Installing/Altering/Relocating Septic or Sewer Line? # of feet: _____

Fixtures - MARK ALL THAT APPLY:

Bath Sink(s)	Kitchen Sink(s)	Water Heater(s)	Hose Bib(s)
Water Closet(s)	Dishwasher(s)	Washing Machine(s)	Backflow Device(s)
Tub(s)/Shower(s)	Disposal(s)	Utility Sink(s)	Other (specify):

BUILDING OFFICE USE ONLY:

Electrical:

	Deferred Electrical Submittal		Temp service 200 amps or less
	Services 200 amps or less		Temp services 201 - 400 amps
	Services 201 - 400 amps		Temp services 401 - 599 amps
	Services 401 - 599 amps		Temp services 600 amps
	Services 600 amps		Limited/Restricted energy
	Service reconnect only		Renewable electric energy – 25 kva or less
	Branch circuits with service/feeder each circuit		Renewable electric energy – 26 through 30 kva
	Branch circuits without service/feeder		Other:
	Additional Plan Review Fees _____ hr(s)		

Mechanical:

	Deferred Mechanical Submittal		Mechanical Review Fee (each)
	Use Submitted Bid/Project Value		Other:

Plumbing:

	Deferred Plumbing Submittal		Plumbing Plan Review Fee (each)
	Sanitary sewer (linear ft)		Hose bib
	Water Service (linear ft)		Interceptor/grease trap
	Backflow preventer		Sink/basin/lavatory
	Catch basin or area drain		Swimming pool piping (Qty)
	Clothes washer		Tub/shower/shower pan
	Dishwasher		Urinal
	Drinking fountain		Water closet
	Ejectors/sump pump		Water heater
	Floor drain/floor sink/hub drain		Alternate potable water heating system
	Garbage disposal		Other:

Other:

	Bend Park & Rec SDCs
	Transportation SDCs

Acknowledgements

Incomplete Submittal

Your application for plan review is not considered complete and will not be accepted for review until our office receives all of the items noted on the Building Permit Application Checklist. If the submittal packet is found to be incomplete at the time of plan review your project will be put on hold until the missing items are received. Once the missing information is received, your project will be put back in the plan review queue based on the date it was deemed a complete submittal.

Zoning Setback

The inspector's review of zoning setbacks is based on information provided by the applicant. Only a State of Oregon Licensed land surveyor can certify the correct location of this building on this lot. Deschutes County Community Development Department strongly recommends that the applicant retain a licensed land surveyor to verify the zoning setbacks applicable to this lot. Accuracy of building setbacks is the sole responsibility of the applicant and the applicant accepts all risks associated with any inaccurate information contained in the County's setback review because the County is relying on information provided by the applicant.

By signing, I acknowledge that all information contained in this checklist is true to the best of my knowledge.

Authorized Representative

 Representative's Signature Date

 Print Name

Owner

 Owner's Signature Date

 Print Name

OR



NOTICE AUTHORIZING REPRESENTATIVE

I, _____ (property owner), have authorized _____ (authorized representative), to act as my agent in performing the activities necessary to obtain services provided by Deschutes County Community Development Department. I agree that any costs not satisfied by the Authorized Representative are my responsibility. Authorization expires 12 months from Owner's signature.

PROPERTY IDENTIFICATION:

Property Address: _____

Tax account number or serial number: _____

Project Description: _____

PROPERTY OWNER:

Printed Name: _____

Signature: _____ Date: _____

Address: _____ Phone: _____

City, State, Zip: _____

Email Address: _____

AUTHORIZED REPRESENTATIVE:

Printed Name: _____

Signature: _____ Date: _____

Address: _____ Phone: _____

City, State, Zip: _____

Email Address: _____