

# 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