

ACCESSORIES/ADDITIONS/REMODELS

795- _____

Property Information

Description of Project: _____ New Structure Height: _____ Bid Cost: _____

*Property Address _____
 or Tax Lot _____ # _____ Street _____ City _____ State _____ Zip Code _____
 *Water Source: Water District Community Well Shared Well City Cistern *New Structure Sq. Footage _____

Contact Information

*Owner(s) Name _____ *Phone _____

*Owner's Mailing Address _____
 # _____ Street _____ City _____ State _____ Zip Code _____

*Contractor Name _____ *CCB# _____

*Contact Person _____ Contact Phone _____ Contact Fax _____ Contact Cell _____

*Contact Person E-Mail Address _____

Electrical Information

*Contractor: _____ * License #: _____

*New Service or Subpanel? YES NO # of Amps: _____ *Installing or Altering Circuits? YES NO # of Circuits: _____

*Limited Energy/Low Voltage (mark all that apply if using a different electrical contractor):

<input type="checkbox"/>	25.1	Audio/Stereo System	<input type="checkbox"/>	25.6	Landscape Irrigation Control
<input type="checkbox"/>	25.2	Burglar Alarm	<input type="checkbox"/>	25.7	Outdoor Landscape Lighting
<input type="checkbox"/>	25.3	Garage Door Opener	<input type="checkbox"/>	25.8	Vacuum System
<input type="checkbox"/>	25.4	Fire/Security Alarm	<input type="checkbox"/>	25.9	Other (specify): _____
<input type="checkbox"/>	25.5	Heating/Thermostat/Ventilation/Air Conditioning			

Mechanical Information

*Contractor: _____ * License #: _____

*Heat Source: Gas Electric Both Oil Solar System Wood Other (specify): _____

<input type="checkbox"/>	Forced Air		
<input type="checkbox"/>	Heat Pump		
<input type="checkbox"/>	Baseboard Electric Wall Heaters?		
<input type="checkbox"/>	Wood Stove, Pellet, Zero Clearance Fireplaces (Circle Type)		Enter Qty
<input type="checkbox"/>	Exhaust Fans?		Enter Qty
<input type="checkbox"/>	Radiant Floor Heating Closed w/ Potable Water Conn.	<input type="checkbox"/>	Radiant Floor Heating Open Loop w/ Potable Water Conn.
<input type="checkbox"/>	Boiler over 200,000BTU	<input type="checkbox"/>	Under 200,000BTU

*If Gas, check all that apply: *Number of gas vents: _____

<input type="checkbox"/>	Range	<input type="checkbox"/>	Dryer	<input type="checkbox"/>	Furnace
<input type="checkbox"/>	Water Heater	<input type="checkbox"/>	Free Standing Stove / Insert / Fire logs	<input type="checkbox"/>	Barbeque
<input type="checkbox"/>	Boiler	<input type="checkbox"/>	Radiant Floor Water Heater	<input type="checkbox"/>	Log Lighter

*If Propane: Contractor's Name: _____ License #: _____

Plumbing Information

*Contractor: _____ * License #: _____

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

<input type="checkbox"/>	Bathrooms	<input type="checkbox"/>	Bath Sinks	<input type="checkbox"/>	Dishwashers	<input type="checkbox"/>	Water Heaters
<input type="checkbox"/>	Tubs	<input type="checkbox"/>	Showers	<input type="checkbox"/>	Disposals	<input type="checkbox"/>	Backflow Devices
<input type="checkbox"/>	Kitchen Sinks	<input type="checkbox"/>	Water Closets	<input type="checkbox"/>	Washing Machines	<input type="checkbox"/>	Other (specify): _____



RESIDENTIAL SUBMITTAL REQUIREMENTS CHECKLIST

TWO (2) SETS OF BUILDING PLANS TO INCLUDE:

SITE PLAN (required for all applications)

- Site plan must be legible and drawn to scale.
- All property line locations and any easements must be shown on the site plan with dimensions.
- All utilities need to be shown.
- Show all adjacent streets with their names.
- Show all new and existing buildings and their distances to property lines.
- Indicate where the building and garage entrance will be.
- Show tree locations and trunk diameters.
- Indicate height of all existing and new building(s).
- All waterways should be drawn on the site plan if any on site (include any floodplain areas).
- Show all site drainage with directional areas.
- Include north arrow.

PLANS

- Foundation Plan & Footing Details include all expanded footing sizes and their locations.
- Floor Plan**
Show all new and any existing square footages. Rooms must be labeled. Windows and door locations and their sizes must be on the plans. Show layout for plumbing, mechanical, heating and electrical systems.
- Floor Framing**
Provide the manufacturer's layout of the floor system if using an engineered system. Plan must be submitted showing all floor areas with the joist spacing and sizes. All posts and beams must have the sizes on the plans and must indicate how the connections are to be made.
- Roof Framing**
Provide the manufacturer's layout of the truss system if using an engineering system. Plan must include the sizes of rafters, spacing of rafters, how roof components are to be attached and the size and spacing of the ceiling joist if applicable. Show the location of all headers and their sizes.

City of Sisters
520 E. Cascade Ave., P.O. Box 39
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Shear Walls

For each wall line provide the type of wall bracing that will be used along with the calculations per each wall. If lateral bracing is to be used show the lateral bracing detail. If shear walls are designed by an architect or engineer, provide the stamped plans along with the calculations and details.

Cross Sections

Include main cross sections that show detail of the foundation, floor, wall, ceiling and roof sections. If the building is two or more stories, include the rise and run of the stairs, handrail and guardrail detail and headroom clearances.

PROVIDE THE FOLLOWING:

In addition to the two (2) complete sets of building plans as described above:

- Two (2) extra copies of the Site Plan;
- One (1) extra copy of the Floor Plan;
- One (1) extra copy of the Building Elevations.

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✓ RESIDENTIAL WATER
 SYSTEM DEVELOPMENT CHARGE CALCULATION SHEET
 WATER SUPPLY FIXTURE UNITS (WSFU)
 (TABLE 6-4) OF THE

FIXTURES	# OF FIXTURES	X	PLUMBING FIXTURE UNITS	TOTAL PFU
Bath tub or Combination Bath/Shower				
Bidet		X	4.0	
Clothes Washer		X	1.0	
Dishwasher		X	4.0	
Hose Bibb (Outdoor Faucet)		X	1.5	
Hose Bibb, each additional		X	2.5	
Lavatory		X	1.0	
Bar Sink		X	1.0	
Kitchen Sink		X	1.5	
Laundry Sink		X	1.5	
Shower only, per head		X	2.0	
Urinal, flush tank		X	2.0	
Water Closet(Toilet), 1.6 GPF Gravity Tank		X	2.5	
Water Closet(Toilet), greater than 1.6 GPF Gravity Tank		X	3.0	
Other		X		
Other		X		
TOTALS				
Comments:				
Final Inspection Confirmation:				
Building Inspector Signature:				
\$ Per Plumb. Fixture Unit/PFU:				
Total Water SDC:				
SIGNATURE:				\$128.30
DATE:				

✓ RESIDENTIAL SEWER
 SYSTEM DEVELOPMENT CHARGE CALCULATION SHEET
 DRAINAGE FIXTURE UNITS
 (TABLE 7-3) OF THE
 OREGON SPECIALTY PLUMBING CODE

FIXTURES	# OF FIXTURES	X	PLUMBING FIXTURE UNITS	TOTAL PFU
Bath tub or Combination Bath/Shower		X	2.0	
Bidet		X	1.0	
Clothes Washer		X	3.0	
Dishwasher, domestic, with independent drain		X	2.0	
Floor Drain		X	2.0	
Shower only, single head		X	2.0	
Multi-head, each additional		X	1.0	
Lavatory, single		X	1.0	
Lavatory in sets of two or three		X	2.0	
SINKS				
Bar		X	1.0	
Kitchen, domestic		X	2.0	
Laundry		X	2.0	
Urinal		X	2.0	
Water Closet (Toilet), 1.6 GPF Gravity Tank		X	3.0	
Water Closet (Toilet), greater than 1.6 GPF Gravity Tank		X	4.0	
Other		X		
Other		X		
TOTALS				
Comments:				
Final Inspection Confirmation:				
Building Inspector Signature:				
\$ Per Plumb. Fixture Unit/PFU:				\$185.47
SIGNATURE: _____				
DATE: _____				
Total Sewer SDC:				