

**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 the owner's)

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

Contractor's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Lic #: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

Contact Fax: \_\_\_\_\_ Contact Email: \_\_\_\_\_ @ \_\_\_\_\_

**PROJECT INFORMATION:**

Description of Project: \_\_\_\_\_

Commercial Name (if applicable) \_\_\_\_\_

Square footage of Structure? \_\_\_\_\_ New Structure Height: \_\_\_\_\_

Any proposed: restaurant(s) , pool(s) , spa(s)  being constructed or remodeled? None

Estimated Project Cost/Bid \$ \_\_\_\_\_

I. **ELECTRICAL CONTRACTOR:** \_\_\_\_\_ Lic#: \_\_\_\_\_

If over 10,000 sq. ft. an electrical plan review will be required.

Number of services and sub-panels: \_\_\_\_\_ amps \_\_\_\_\_ # of circuits for each service/sub-panel: \_\_\_\_\_

Temporary Power needed? Yes  No  At issue? Yes  No

Temp Power Contractor: \_\_\_\_\_ License #: \_\_\_\_\_ No electrical

Limited Energy - Mark quantity of any of the following that apply:

- |                       |                            |   |
|-----------------------|----------------------------|---|
| Boiler Controls _____ | HVAC _____                 | Nurse Calls _____                                     |
| Clock System _____    | Instrumentation _____      | Outdoor Landscape Lighting _____                      |
| Data Tele- _____      | Intercom /Paging _____     | Protective Signaling _____                            |
| Communication _____   | Landscape Irrigation _____ | Other: _____  |
| Fire Alarm _____      | Medical _____              | No Limited Energy Electrical <input type="checkbox"/> |

II. **MECHANICAL (HEATING) CONTRACTOR:** \_\_\_\_\_ Lic #: \_\_\_\_\_

PLEASE ENTER A **BID/PROJECT VALUE** FOR MECHANICAL WORK: \$ \_\_\_\_\_

What will be your heat source? Gas  Electric  Both  Other (describe) \_\_\_\_\_

If gas, list number of all gas appliances: \_\_\_\_\_ None

Number of vents for gas appliances: \_\_\_\_\_ If propane - installer's State Fire Marshall's number: \_\_\_\_\_

Heat Source: Forced Air: Over 100,000 BTU:  Under 100,000 BTU:  None

Heat Pump: Over 100,000 BTU:  Under 100,000 BTU:  None

Baseboard/Electric Wall Heaters? Yes  # of heaters: \_\_\_\_\_ # of exhaust fans: \_\_\_\_\_ None

III. **PLUMBING CONTRACTOR:** \_\_\_\_\_ Lic #: \_\_\_\_\_

Footage from structure to water source? \_\_\_\_\_ Footage from structure to septic/sewer connection? \_\_\_\_\_

Mark quantity of any of the following that apply:

- |                       |                             |                        |                    |                    |
|-----------------------|-----------------------------|------------------------|--------------------|--------------------|
| Kitchen sink _____    | Bath sink _____             | Disposal _____         | Laundry sink _____ | Tub & Shower _____ |
| Dishwasher _____      | Bar sink _____              | Toilet _____           | Floor Drains _____ | Water Heater _____ |
| Washing Machine _____ | Tub/Shower (separate) _____ | Other (specify): _____ |                    |                    |

Is a backflow device being installed? Yes  Quantity \_\_\_\_\_ No Plumbing

# City of Sisters

## COMMERCIAL SUBMITTAL REQUIREMENTS

Public Hours 8:00 to 5:00 M - F
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### NEW CONSTRUCTION

This handout provides the information needed by The Building Department in order to process new construction of commercial buildings. Please be aware that every project is unique and additional information may be requested.

Please be aware that plans submitted may need to be stamped by a State of Oregon registered architect or engineer.

Two copies of structural, mechanical, plumbing, electrical, site, and architectural plans for all work being done.

Please review the checklist to ensure completeness of your building application.

### SITE PLAN

- Drawn to scale
- Provide north arrow on plans
- Property address and legal description
- Show existing and proposed finished grade
- All site improvement such as grading contour lines
- All property lines and easements
- Show all new and existing structures that are on site with distances to property lines and other structures
- Show location of utilities including water meters, water piping (fire and domestic), points of connection to the city water main, pipe sizes, gas lines, power poles, and street lights.
- Indicate all water service backflow locations
- Indicate where sanitary sewers will run and where points of connection will be located
- Show locations of new and existing fire hydrants both on site and within 500 feet
- Provide parking layout with dimensions of accessible parking spaces and aisles
- Show driveways, public sidewalks, width of adjacent right-of-way and planting areas

## ARCHITECTURAL PLANS

- Foundation plans, showing all expanded footings, foundation dimensions, rebar schedule, and hold-down locations.
- Floor plans with all areas marked clearly of their use, and with complete dimensions.
- Building sections that show construction details needed
- Building elevations that provide the exterior material used, exterior appearance, all window/door locations and the height of the building from grade.

## STRUCTURAL PLANS

Structural calculations prepared by an Oregon registered architect or engineer. The structural calculations shall indicate all vertical and lateral loads and shall show how these loads are transferred to the foundation.

- Provide foundation design with all lateral load resisting elements included.
- Floor and roof framing showing all members and their sizes and means of connection
- List of deferred submittals
- Structural steel components and design
- List of all special inspections required
- Special inspector form to indicate who the special inspector will be

## PLUMBING PLANS

- Plumbing permit must be obtained by the plumbing contractor
- Schematic provided of new plumbing system showing location, sizes, and connection of drainage and water lines.
- Indicate material to be used for sanitary drain and sewer lines
- Indicate material to be used for water lines and size of meter
- Provide fixture unit counts for all new and existing fixtures
- Provide plans indicating penetrations through fire assemblies and how these assemblies will be protected.

## MECHANICAL PLANS

- A separate permit is required by the mechanical contractor.
- Provide energy code compliance heat loss calculations or indicate if standard compliance will be used.
- Show locations of all fire and/or smoke dampers including penetrations through shafts, corridors, fire rated assemblies, and occupancy - area separations.

## BUILDING SYSTEMS FOR ILLUMINATION AND EGRESS

- Indicate locations of all exit signs, egress lighting, smoke detectors, fans, and exhaust vents.

**COMMERCIAL WATER**  
**SYSTEM DEVELOPMENT CHARGE CALCULATION SHEET**  
 WATER SUPPLY FIXTURE UNITS (WSFU)  
 (TABLE 6-4) OF THE  
 OREGON SPECIALTY PLUMBING CODE

FIXTURES	# OF FIXTURES	X	PUBLIC FIXTURE UNITS	ASSEMBLY*	TOTAL PFU
Appliances, Appurtenances or Fixtures		X			
Bathub or Combination Bath/Shower (fill)		X	4.0		
3/4 Bathub Fill Valve		X	10.0		
Clothes Washer		X	4.0		
Dental Unit, cuspldor		X	1.0		
Dishwasher, domestic		X	1.5		
Drinking Fountain or Watercooler		X	0.5	0.75	
Hose Bib (Outdoor Faucet) First One		X	2.5		
Hose Bib, each additional		X	1.0		
Lavatory		X	1.0	1.0	
SINKS					
Bar		X	2.0		
Clinic Faucet		X	3.0		
Clinic Flushometer Valve (with or without faucet)		X	8.0		
Kitchen, domestic		X	1.5		
Laundry		X	1.5		
Service or Mop Basin		X	3.0		
Washup, each set of faucets		X	2.0		
Shower, per head		X	2.0		
Urinal		X	2.0	3.0	
Washfountain, circular spray		X	4.0		
Water Closet (Toilet) 1.6 GPF Gravity Tank		X	2.5	3.5	
Water Closet (Toilet) 1.6 GPF Flushometer Tank		X	2.5	3.5	
Water Closet (Toilet) greater than 1.6 GPF Gravity Tank		X	5.5	7.0	
Other		X			
Other		X			
<b>TOTALS</b>					
Comments:					
Final Inspection Confirmation:					
Building Inspector Signature:					
\$ Per Plumb. Fixture Unit/PFU:					\$128.30
Total Water SDC:					

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
 \* Assembly values apply to building or tenant spaces used for assembly purposes with an occupant load of greater than 50 people.

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

FIXTURES	# FIXTURES	X	PUBLIC FIXTURE UNITS	ASSEMBLY*	TOTAL PFU
Plumbing Appliances, Appurtenances or Fixtures		X			
Bathub or Combination Bath/Shower (fill)		X	2.0		
Clothes Washer, domestic, standpipe		X	3.0		
Dental Unit, cuspidor		X	1.0		
Dishwasher, domestic with independent drain		X	2.0		
Drinking Fountain or Watercooler (per head)		X	0.5		
Food-waste-grinder, commercial		X	3.0		
Floor Drain		X	2.0		
Shower single head trap		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		
Washfountain		X	2.0		
<b>SINKS</b>					
Bar		X	2.0		
Clinical		X	6.0		
Commercial with food waste		X	3.0		
Special Purpose with 1 1/2" trap		X	3.0		
Special Purpose with 2" trap		X	4.0		
Kitchen, domestic		X	2.0		
Laundry		X	2.0		
Service or Mop Basin		X	3.0		
Service, flushing rim		X	6.0		
Wash, each set of faucets		X	2.0		
Urinal, integral trap 1.0 GPF		X	2.0		
Urinal, integral trap greater than 1.0 GPF		X	2.0		
Urinal, exposed trap		X	2.0		
Water Closet (Toilet) 1.6 GPF Gravity Tank		X	4.0		
Water Closet (Toilet) greater than 1.6 GPF Gravity Tank		X	6.0		
Other		X			
Other		X			
<b>TOTALS</b>					
Comments:					
Final Inspection Confirmation:					
Building Inspector Signature:					
\$ Per Plumb. Fixture Unit/PFU:					\$185.47
Total Sewer SDC:					

\* Assembly values apply to building or tenant spaces used for assembly purposes with an occupant load of greater than 50 people.