

Commercial Plan Review Submittal Checklist

Malheur County Building Department

316 NE Goodfellow St. Suite 1

Phone: (541) 372-5460 Fax (541) 372-5465

Email: BuildingDepartment@bldgmalheurco.org

DEPARTMENT USE ONLY

Date Received: _____

| JOBSITE INFORMATION | | | PROPERTY OWNER INFORMATION | | |
|---------------------|---------------|------|----------------------------|---------------|------|
| Name: | | | Name: | | |
| Address or Parcel: | | | Address: | | |
| City: | State: | ZIP: | City: | State: | ZIP: |
| Phone: () - | Fax: () - | | Phone: () - | Fax: () - | |

| ARCHITECT / ENGINEER | | | APPLICANT | | |
|----------------------|---------------|------|-----------------|---------------|------|
| Name: | | | Name: | | |
| Address: | | | Address: | | |
| City: | State: | ZIP: | City: | State: | ZIP: |
| Phone: () - | Fax: () - | | Phone: () - | Fax: () - | |
| Email: | | | Email: | | |

| REVIEW INFORMATION | | |
|-----------------------------|-------------------|----------------|
| Declaration of Value: \$ | Building Sq. Ft.: | Review Fee: \$ |
| Building Use (Be Specific): | | |

Check Type of Review: Fire & Life Safety Structural Mechanical Sprinkler Alarm

MINIMAL PLAN REQUIREMENTS CHECKLIST

Two sets of plans and the following items are required for review:

1. _____ **Site Plan:** Changes of occupancy, additions, alterations and new construction
2. _____ **Floor/Roof Plans:** Including dimensions, windows and doors
3. _____ **Floor/Roof Framing:** Framing member size, joist, beam and column
4. _____ **Foundation Plan:** Wall dimensions and footings-for complete review
5. _____ **Building Elevations:** Four
6. _____ **Building Cross-Sections:** Structural members, roof and wall sheathing
7. _____ **Structural calculations:** New or change of occupancy
8. _____ **Electrical:** Exits, fire alarms and fire & life safety equipment
9. _____ **Energy Documentation:** If building is heated or cooled, submit on Oregon Energy Code guideline forms.
Residential (Motels, SR, Apartments): Identify path_____
10. _____ **Complete Specifications:** Quality and type of all construction materials and methods of construction
11. _____ **Architect/Engineer Stamp:** Over 4,000 sq. ft. or 20ft height-Architect Law-ORS 671.030; Engineer Law-ORS 672.020
12. _____ **Mechanical Plans:** Equipment location, size, type and layout-fan capacity, etc.
13. _____ **Disabled Access:** Indicate compliance measures
14. _____ **Minimum Scale:** 1/8" minimum paper size; 11" x 17" on all plans; **may require full size plans**

Other Agency Clearances:

15. _____ **Department of Environmental Quality or Local Sanitary Authority**

16. _____ **Local planning department: zoning, special land use. Is building in flood plain?** Yes No

| | | |
|-------------------------------------|----------------------------|--------------------|
| _____ Applicant Signature | _____ Print Name | Date: _____ |
|-------------------------------------|----------------------------|--------------------|