Commercial Building Application

247-_____-_____

Project Information

Project Description:

Business Commercial Name (If applicable):

Property Address:

#	Street	City

Details of Project		Are any of the following being constructed or remodeled?	
Project Cost/Bid:	☐ Deferred/Phased Submittal	☐ Restaurant	☐ Pool(s)
Structure Sq. footage:	New Structure Height:	☐ Spa(s)	☐ None of these

Mechanical Information

Bid/Project Value for All Mechanical Work: $: _____

Heat Source

☐ Gas ☐ Electric ☐ Propane **(if heat source is propane, fill in the Propane Contact information located on the next page)**

☐ Gas and Electric ☐ Other(Specify):

Enter the Quantity of all that apply.

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

Electrical Information

Is Temporary Power (TP) needed?

☐ Now ☐ No ☐ At issuance

If at issuance or now, fill in Temporary power contractor information on contact page located on the next page.

No. of Services & Subpanels:	No. of Circuits/ services:	No. of Amps/ services:

Limited Energy Low Voltage
Mark all that apply:

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

Plumbing Information

Installing/Altering/Relocating Water line? Enter # of Feet	
Installing/Altering/Relocating Septic or Sewer line? Enter # of Feet	

Enter quantity of all that apply

Bath Sinks		Water Heater	
Water		Washing Machines	
Tubs / Showers		Utility Sink	
Kitchen Sinks		Hose Bibs	
Dish Washers		Backflow Devices	
Disposals		Other Specify	

Contact Information

Building Owner Information

Name:

Email:	Phone/Cell:

Mailing Address:

#	Street	City	State	Zip code

Applicant Information (if applicant is same as building owner, skip this section)

Name:

Email:	Phone/Cell:

Tenant Information

Name:

Email:	Phone/Cell:

Contractor Information:

Name:	CCB #:

Phone/Cell:

Email:

Plumbing Contractor

Name :	License #:

Electrical Contractor

Name :	License #:

Mechanical Contractor

Name :	License #:

Propane Contractor (if heat source is propane)

Name:	License #:

Temporary Power Contractor (if temporary power needed)

Name:	License #:

Design Engineer

Name:

Email:	Phone/Cell:

247-_____-_____
Office Use

Authorized Representative and Acknowledgement Form
This authorization expires 12 months from date of owner signature.

Project Description:	Property Address: .... # Street City
Applicant's Name *(If different from owner)*	Applicant's Phone Number
Applicant Mailing Address	
Primary **C**ontact **(PC)** Name:	**PC** Phone #
PC Mailing Address:	
PC Email:	

Authorized Representative

I, _____ (building 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.

_____   _____
Owner Signature   Date   Authorized Representative Signature   Date

Acknowledgements

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 lost. 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.

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

Authorized Representative   **Owner**

_____   _____
Representative's Signature   Date   Owner's Signature   Date

           OR

_____   _____
Print Name   Print Name