



Commercial Plan Review Submittal Checklist

Department of Consumer & Business Services
 Building Codes Division • 1535 Edgewater NW, Salem, OR
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DEPARTMENT USE ONLY	
Plan review no.:	_____
Permit no.:	_____
Office:	_____
BCD employee initials:	_____

JOB INFORMATION	OWNER
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Name: _____	Name: _____
Address: _____	Address: _____
City: _____ State: _____ ZIP: _____	City: _____ State: _____ ZIP: _____
Phone: (____) _____ Fax: (____) _____	Phone: (____) _____ Fax: (____) _____

ARCHITECT / ENGINEER	APPLICANT
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Name: _____	Name: _____
Address: _____	Address: _____
City: _____ State: _____ ZIP: _____	City: _____ State: _____ ZIP: _____
Phone: (____) _____ Fax: (____) _____	Phone: (____) _____ Fax: (____) _____

REVIEW INFORMATION		
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Declaration of value: \$ _____	Building sq. ft.: _____	Review fee: \$ _____
Building use (be specific): _____		
Check type of review: <input type="checkbox"/> Fire and life safety <input type="checkbox"/> Structural <input type="checkbox"/> Mechanical <input type="checkbox"/> Sprinkler <input type="checkbox"/> Alarm		

MINIMAL PLAN REQUIREMENTS CHECKLIST

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

- | Initials | Date | |
|-----------|-------|---|
| 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: minimum two views |
| 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 and 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 20' 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: 8 1/2" X 11" on all plans |

Other agency clearances:

- | | | |
|-----------|-------|---|
| 15. _____ | _____ | Department of Environmental Quality or local sanitary authority |
| 16. _____ | _____ | Local planning department: zoning, special land use. Building is in flood plain? <input type="checkbox"/> Yes <input type="checkbox"/> No |

APPLICANT: _____ Print name: _____ Date: _____
 Signature

