

City of Manzanita P.O. Box 129

Manzanita, OR 97130-0129 Phone (503) 368-5343 Fax (503) 368-4145 building@ci.manzanita.or.us

RESIDENTIAL COMBO BUILDING APPLICATION DEPARTMENT USE ONLY

Permit No: Date Issued:

By:

WORK SITE INFORMATION & LOCATION:

| ADDRESS: | | | | | | | | |
|------------------------------------|----------|----------|-------|----------|--|--|--|--|
| | | | | | | | | |
| PARCEL INFO | : | | | | | | | |
| MAP NO: | TAX LOT: | | | : | | | | |
| CATEGORY OF CONSTRUCTION: | | | | | | | | |
| Single Family Multi-Family | | | | | | | | |
| CHECK ALL T | | | | | | | | |
| Street Paved | Sidew | alk Cu | ırb | Driveway | | | | |
| ELECTRICAL CONTRACTOR INSTALLATION | | | | | | | | |
| Business Name: | | | | | | | | |
| Address: | | | | | | | | |
| City/State/Zip: | | | | | | | | |
| Phone: | Fax: | | | | | | | |
| Email: | | | | | | | | |
| CCB: | BCD: | | | | | | | |
| Signing Supervisor | s Name: | | | | | | | |
| Lic No: | | CTOD D | | | | | | |
| MECHANICAL | JUNIKA | | NSI A | ALLATION | | | | |
| Business Name: | | | | | | | | |
| Address: | | | | | | | | |
| City/State/Zip: | | | | | | | | |
| Phone: | Fax: | | | | | | | |
| Email: | | | | | | | | |
| CCB Lic No: | | | | | | | | |
| PLUMBING CON | NTRACT | OR INST. | ALL | ATION | | | | |
| Business Name: | | | | | | | | |
| Address: | | | | | | | | |
| City/State/Zip: | | | | | | | | |
| Phone: | Fax: | | | | | | | |
| Email: | | | | | | | | |
| CCB: | BCD: | | JP# | ŧ | | | | |

PEOPLE

| PROPERTY OWNER: | | | | | | | |
|---|----------|---------------|-------------------|--|--|--|--|
| Name: | | | | | | | |
| Full Mailing Address: | | | | | | | |
| City: | State: | | Zip: | | | | |
| Phone: | | | | | | | |
| Email: | | | | | | | |
| CONTRACTOR INSTAL | LATI | ON | | | | | |
| Same as applicant? Yes | No | | | | | | |
| Business Name: | | | | | | | |
| Address: | | | | | | | |
| City/State/Zip: | | | | | | | |
| Phone: | Fax: | | | | | | |
| E-mail: | | | | | | | |
| CCB license no.: | | City Lic No.: | | | | | |
| Contact Name: | <u> </u> | | Phone #: | | | | |
| REQUIRED DOCUMENT | IS FO | R APP | LICATION | | | | |
| I have downloaded and reviewed the plans and documents Checklist (Initials): | | | | | | | |
| SUBMITTAL METHOD FOR PLANS AND DOCS | | | | | | | |
| Paper Electronic | | | | | | | |
| Moisture Content Acknowled | gment | t submit | tted? Yes No | | | | |
| Additional Energy Measure | | | | | | | |
| Additional Permits listed be | low n | eed add | ditional permits: | | | | |
| Right of Way Permit: Yes | 3 | No | | | | | |
| Fence: Yes No | | | | | | | |
| Lawn Sprinklers: Yes | No | | | | | | |

| STRUCTURE: | | PLUMBING: | | | |
|---|--------|---|----------|--|--|
| Valuation*: | | Water Service Total linear feet: | | | |
| Total square footage: (Dwelling & attached garage) | | Sanitary Sewer Total linear feet: | | | |
| Building Height: | | MECHANICAL: | | | |
| No of Bathrooms: | | Type of fuel: | | | |
| No. of Kitchens: | | Boiler Electric Natural Gas LPG Oil Geothermal Other | | | |
| Total square footage of | | | QTY | | |
| Decks/porches/covered patios: | | Air handler unit up to 10,000 cfm | | | |
| Living area sq ft: | | Air handler unit more than 10,000 cfm | | | |
| Basement sq ft: | | Furnace up to 100,000 BTU | | | |
| Garage sq ft: | | Furnace greater than 100,000 BTU | | | |
| Carport sq ft: | | Suspended heater, recessed wall heater or floor mounted unit heater Heat Pump | | | |
| OTHER FUEL APPLI | ANCES: | Air Conditioner | | | |
| | QTY | Floor Furnace, including vent | | | |
| Wood/pellet stove | | Evap cooler other than portable | | | |
| Gas or wood fire place/insert | | Mini Split | | | |
| Chimney/liner/flue/vent | | EXHAUST AND VEN | TILATION | | |
| Water heater | | | QTY | | |
| Pool or spa heater, kiln | | Range hood/other kitchen equipment | ~ | | |
| Oil tank/gas/diesel generators | | Appliance vent installation not included in appliance permit | | | |
| FUEL PIPING | r | Attic/Crawl space fans | | | |
| | QTY | Flue vent for water heater or gas fireplace | | | |
| Gas piping outlets, Four or less connections | | Clothes dryer exhaust | | | |
| Gas piping outlets, more than four(per outlet) | | Other exhaust/ventilation | | | |
| | | | | | |

Project information:

*The value (rounded to the nearest dollar) of all equipment, materials, labor, overhead and profit for the work described.

Notices

Associated permits: Separate permit applications are required for plumbing, mechanical, electrical, right of way, fire sprinkler, fire alarm and/or fire line permits associated with this building permits. Expiration of application: This application is valid for 180 days after it has been accepted as complete. Inspections required: Approved city inspections must be completed before the work performed is enclosed.

Terms and conditions

Correct information: I hereby certify I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not.

Copyright release for government entities: I hereby grant permission to the City of Manzanita to copy, in whole or part, drawings and all other materials submitted by me, my agents, or representatives. This grant of permission extends to all copies needed for administration of the City's regulatory, administrative, and legal functions, including sharing of information with other governmental entities.

Indemnity: I, the permit applicant, shall indemnify, defend and hold harmless the City of Manzanita, its officers, employees and agents from any and all claims arising out of or in connection with work done under this permit.

Owner permission: I have the legal right or permission from any property owner whose property is affected by the work covered under this permit to: 1) enter the property; 2) perform the work covered under this permit; 3) leave structures on or in the affected property. The issuance of this permit shall not be construed as permission or a grant of a legal right to enter upon or remain on any property affected by the work covered under this permit.

Electronic signature certification: By attaching an electronic signature (whether typed, graphical or free form) I certify herein that I have read, understood and confirm all the statements listed above and throughout the application form. I agree (initials):_____

 Authorized Signature:
 Print Name:
 Date:



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2 Complete sets of legible plans drawn to scale, showing conformance to the applicable state or local building codes. Lateral wall design details and connections must be incorporated into the plans or on a separate full-size sheet attached to the plans with cross-references between plan location and details. Plan review cannot be completed if copyright violations are evident.

Site Plan drawn to scale. The plan must show: frontage street name; lot dimensions and building setback dimensions; property corner elevations (+ for high point, - for low point); location of easements and driveway; driveway apron width; footprint of all structures (new & existing); all utility lines – indicate if above/below ground; any known fill sites; direction of drainage from structure; downspouts; and new & existing retaining walls.

Foundation Plan and Cross Section. Show footing and foundation dimensions, anchor bolts, any hold-downs and reinforcing steel, connection details, foundation vent size and location, and soil type.

Floor Plans. Show all dimensions, room identification, door and window sizes and locations, location of **smoke and carbon dioxide detectors**, water heater, HVAC equipment, ventilation fans, plumbing fixtures, balconies and decks 30 inches above grade.

Cross Section(s) and details. Show all framing member sizes and spacing such as floor beams, headers, joists, sub-floor, wall construction, roof construction. Show all details of all wall and roof sheathing, roofing, roof slopes, ceiling height, siding material, footings and foundation, stairs, fireplace construction, thermal insulation, etc.

Elevation views. Provide elevations for new construction: minimum of two elevations for additions and remodels. Exterior elevations must reflect the actual grade if the change in grade is > 4ft at building envelope.

Wall Bracing (prescriptive path) and/or lateral analysis plans. Building plans must show construction details and locations of lateral brace panels; for non-prescriptive path analysis provide specifications and calculations to engineering standards.

Floor Roof Framing Plans are required for all floors/roof assemblies indicating member sizing, spacing and bearing locations, nailing and connection details. Show location of attic ventilation.

Basement and retaining wall cross sections and details showing placement of reinforcing steel, drains and waterproofing (vapor barrier) shall be provided. Engineering plans are required for retaining walls exceeding 4ft in height and basement walls not complying with the prescriptive code requirements. For engineered systems, see item 13.

Beam calculations. Provide 2 sets of calculations using current code design values for all beams and multiple joists exceeding prescriptive code requirements, and/or any beam/joist carrying a non-uniform load.

2 sets of Manufactured floor/roof truss design details.

Energy Code Compliance. Identify prescriptive energy path on handout or provide calculations.

Engineer's Calculations when required or provided (i.e. shear wall, roof truss, >4ft tall retaining walls) shall be stamped by an engineer or architect licensed in **Oregon** and shall be stamped on all pages of drawings for such engineering.

The above checklist items must be submitted for the plan review can be started. Minor changes or notes on submitted plans may be in blue or black ink. <u>Red ink is reserved for department use only.</u>