

Commercial Plan Review Submittal Checklist

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DEPARTMENT USE ONLY
Plan review no.:
Permit no.:
Office:
CG employee initials:

JO	B INFORMATION			OWNER		
Name:			Name:			
Address:			Address:			
	State: ZIP:		City:			
	Fax: ()		Phone: ()			
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Name:			Name:			
Address:			Address:			
City:	State: ZIP: _		City:	State: ZI	P:	
Phone: ()	Fax: ()		Phone: ()	Fax: (_)	
REVIEW INFORMATION						
		Mechanical valuation: \$		Review fee: \$		
	*		- · · ·			
Building use (be specific):						
Check type of review:	Fire and life safety	☐ Structural	☐ Mechanical	☐ Sprinkler	☐ 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						
3						
4 5.	Foundation plan: wall dimensions and footings — for complete review Building elevations: minimum two views					
6.	Building elevations: minimum two views 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						
Other agency clearances:						
15						
16						
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