



Commercial Plan Review Submittal Checklist

Baker City/County Building Department
1655 1st Street, Baker City, Oregon 97814
Mailing address: P.O. Box 650, Baker City, OR 97814
541-524-2054 • Email: permits@bakercity.gov

DEPARTMENT USE ONLY
Date Received: _____
Permit no.: _____
Assigned: _____

JOB INFORMATION	OWNER
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Name: _____ Address: _____ City: _____ State: _____ ZIP: _____ Phone: _____ - _____ - _____ email: _____	Name: _____ Address: _____ City: _____ State: _____ ZIP: _____ Phone: _____ - _____ - _____ Email: _____
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ARCHITECT / ENGINEER	APPLICANT
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Name: _____ Address: _____ City: _____ State: _____ ZIP: _____ Phone: _____ - _____ - _____ Email: _____	Name: _____ Address: _____ City: _____ State: _____ ZIP: _____ Phone: _____ - _____ - _____ Email: _____
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REVIEW INFORMATION

Declaration of value: \$ _____	Building sq. ft.: _____	Note: _____
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Building use (be specific): _____

Check type of review:
 Fire and life safety
 Structural
 Mechanical
 Sprinkler
 Alarm

MINIMAL PLAN REQUIREMENTS CHECKLIST

One (1) set 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: _____
Signature

Print name: _____ Date: _____