

CITY OF NEWPORT

Community Development Dept. 169 SW Coast Hwy Newport, OR 97365 (541) 574-0629 (541)574-0644 Fax

INSP: BuildingPermits.Oregon.gov

COMMERCIAL BUILDING PERMIT APPLICATION	New	Alteration		
Applications may be obtained online at: www.newportoregon.gov/business/formsAppsPermits.asp	Addition	Interior Alteration		
L. Job Information (where work is taking place)	Accessory Structure			
Job Site Address:	Is this a Change in Occupa	ancy? Yes No		
2. Owner's Name:	REQUIRED DATA			
Full Mailing Address:		n the value of the work performed.		
City/State/Zip:	SEE THE VALUATION CHART (SEPARATE WORKSHEET) TO CALCULATE THE PERMIT FEES.			
Phone #: Email:	CALCOLATE THE FERMIN			
3. Applicant/Architect/Engineer (person responsible for plans)	VALUATION OF WOR	RK:		
O Mark if same as owner O Mark if same as contractor	Type of Construction:			
Name of Person:	Occupancy Groups:			
	Existing:			
Full Mailing Address:	New:			
City/State/Zip:	Number of stories:	Bldg. Height:		
Phone #: Email:	Existing Bldg. area, sq. ft.	:		
1. Contractor Information (person/company performing the work)	New Bldg. area, sq. ft.:			
Name of Contractor:	Finished sq. ft.:			
Full Mailing Address:	Unfinished sq. ft.:			
City/State/Zip:	NOTICE			
Phone #: Email:	ASSOCIATED PERMITS:	ASSOCIATED PERMITS: All commercial building permits that		
OR CCB # (Req'd):	will require associated Plumbing, Mechanical, Electrical, Fire Sprinkler, Fire Alarm, and/or Fire Line permits are applied for separately.			
City Business License # (Req'd):				
5. Contact Person (receives building permit correspondence)	Multi-family developme	ents producing a minimum of 20		
same as: O owner O contractor O applicant	affordable units, will have fees paid down from Affordable Housing CET funds, subject to availability of funds.			
Name of Contact:		·		
Full Mailing Address:		ATION: This application expires if a within 180 days after it has been		
City/State/Zip:	accepted as complete, an	nd a permit becomes null & void if the		
Phone #: Email:	authorized work is suspended for a period of 180 days at any time after work is commenced.			
5. Project Description:				
hereby certify that I have read & examined this application & know the same to be tr	ue & correct. All provisions of laws	& ordinances governing this type of work w		

Office Use Only

CATEGORY OF CONSTRUCTION

TYPE OF WORK

Multi-Family

Permit #:

Commercial

ill be complied with whether specified herein or not.

<u>Copyright Release:</u> I hereby grant permission to the City of Newport to replicate, scan and post to the internet, 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 and members of the general public.

By attaching my signature below, I certify herein that I have read, understood, and confirm all the statements listed above & throughout the application form.				
I agree	Authorized Signature:	Date:	_	
	Print Name:		[Page 1 of 2]	

	SUBMITTAL CHECKLIST - THE FOLLOWING IS INTENDED TO BE USED AS A GUIDE	Yes	No	N/A
1.	Three (3) copies of site plan & civil drawings drawn to scale which includes the following: North arrow, scale, all property lines including those within the project site, setbacks, & all public and/or private easements, & names of all adjacent streets. Also submit 1 separate submittal of utility drawings.			
A.	Layout of buildings, decks, driveways, sidewalks, parking, & handicap/fire department access			
В.	Corner & finished floor elevations & 5 feet elevation contours			
C.	Existing public & private utilities located on the property (Storm, Water & Sewer)			
D.	Proposed utilities location to point of connected/discharge, size, slope, length, & material: including roof, footing & under-floor drains & fire service/hydrants			
E.	All applicable structures & features on the property			
F.	Information on street frontages (width of right-of-way, type & width of street, including curbs, gutters, sidewalks, & pavement type)			
G.	Erosion control plan			
2.	Three (3) copies of all other drawings, calculations, documents & information – plans drawn to scale			
3.	Proposed use, building type, occupancy classification			
A.	Change in Occupancy requires "Code Review"			
4.	Engineer or architect stamp on all sheets with expiration date with one original signature			
A.	If plans are deferred, must be noted in the submittal package			
5.	Energy compliance forms, or provide prescriptive values			
6.	Foundation plan including footing size, wall height, section & reinforcing			
7.	Floor plan with rooms identified Existing Proposed			
8.	Floor framing plan of each floor (slab, post & beam, or joist)			
9.	Ceiling/roof framing plan or truss layout with reactions			
10.	Window sizes & header sizes			
11.	Complete building sections – special sections			
12.	Construction details (all structural members, insulation, sheathing, roofing, bracing, etc.)			
13.	Handrail/guardrail/headroom detail for stairs/landings			
14.	Engineering for special condition (truss high walls, shear walls, lateral bracing, load transfer, etc.) shown on plans			
15.	Plumbing layout & fixture count if applicable			
16.	Mechanical plan including layout & make/model of equipment			
17.	Exit signs, exit lighting, & emergency lighting			
18.	 Plans shall be stamped by a registered Architect or Engineer (as applicable) for the following: Group A, E, and I Occupancies. Group B, F, M, R-1, R-2, R-4, S or U Occupancies more than 4,000 s.f., or more than 20 ft. in height, or with a basement. Group H Occupancies more than 1500 s.f. or more than 20 ft. in height, or with a basement. Change of Occupancy or Type of Construction. Structural Alterations to the building occur. 			
19.	Any work involving public utilities or public rights-of-way will need a separate Right-of-Way Permit.			
Addit	ional Notes:			