

# LINN COUNTY PLANNING AND BUILDING DEPARTMENT

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## Requirements and Submittal for Commercial Projects



*Linn County approvals must be obtained before a building permit can be issued.*

### 1. LAND USE APPROVAL:

- a) If your building project is within a city, you must obtain land use approval from the city.
- b) If your building project is within Linn County and not within the city limits, land use approval must be obtained from the Linn County Planning and Building Department.

**Note:** Some planning reviews or hearings may delay your project. You should begin this process well before you wish to start building. Talk to the city or county planner about your project for specific requirements.

### 2. SANITATION:

- a) If your property is served by a municipal sewer system, approval must be obtained from the municipality.
- b) If a public system is not available, an on-site sewage disposal system may be used. For information regarding an existing or new disposal system, contact Environmental Health at (541) 967-3821. *Please contact this department regardless of the type of proposed structure.*

**Note:** Some delay may be experienced in obtaining sanitation approval. You should begin this process well before you wish to start building. Talk to a sanitarian about your project for specific requirements.

### 3. ROADS AUTHORITY:

- a) Prior to submitting for a permit, obtain approval from one of the following: Linn County Road Department at (541) 967-3919, Oregon Department of Transportation at (503) 986-3435, or your local municipality.

### 4. BUILDING PLAN REVIEW:

- a) *Residential:* See Requirements and Submittals Checklist. Please note Linn County uses 1,000 PSF soil bearing pressure and footings for conventional light frame construction and should accommodate the following widths: 1 story – 18”, 2 stories – 23”, 3 stories – 27”. This review can take up to ten working days after **complete** plans have been submitted.
- b) *Commercial:* See Requirements and submittals checklist. A pre-application meeting may be required for all commercial or industrial building projects. Contact Linn County Building Department for this determination.

# Commercial Submittal Requirements & Checklist



Linn County Planning & Building Department  
300 SW 4<sup>th</sup> Avenue  
Albany, OR 97321

Phone (541) 967-3816  
Fax (541) 926-2060  
<http://www.co.linn.or.us>

*Use the following checklist to ensure all necessary information has been provided. Failure to submit all requirements will result in plan review delays for your project and your application for plan review may be denied until all requirements are submitted. Check each box.*

## Format for submitting electronic plans:

Use the (xxx) User Guide for more detail on the below requirements available on our [web page](#) or contact us via email to request it.

- Submit plans electronically through our website. <http://www.co.linn.or.us>
- Legible and drawn to scale.
- Plan orientation as landscape for reading left to right.
- All plans and documents to follow prescribed naming conventions.
- Plan/drawing pages shall be uploaded individually as a single page file. Supporting documents shall be uploaded as an individual multi-page file.
- Plans/drawings shall be .PDF files. Supporting documents can be .PDF, .TIFF, .JPEG.
- Reserve space for County approval stamp.

## Forms required at submittal:

The following forms, documents, and plans are to be submitted when applicable for commercial projects:

- X Completed Constuction Permit Application.
- Completed Commercial Submittal Requirements Checklist (this form)
- Completed and signed Electrical, Mechanical, and Envelope COMcheck Forms, as applicable. Forms found at <http://www.energycodes.gov/comcheck>.
- Completed Emergency Responder Radio Coverage (ERRC) Checklist for all new construction.
- Completed and signed Special Inspection Agreement, if applicable; see Specific Requirements - Special Conditions item 2 of this form.
- Completed and signed Defferred Submittal Agreement, if choosing to defer items required for review.
- Completed and signed Phased Construction Agreement, if choosing to phase construction or occupancy.
- Suite layout, if structure includes suites or if the site includes multiple buildings; see Specific Requirements – Special Conditions item 11 of this form.
- Vicinity map.
- Asbestos survey and/or abatement report, if any demolition will occur in conjunction with the renovation.

To view Oregon codes online visit [http://www.cbs.state.or.us/external/bcd/programs/online\\_codes.html](http://www.cbs.state.or.us/external/bcd/programs/online_codes.html)

## Structural Design Criteria

- *Snow Loads* (OSSC section 1608): 20 spf minimum roof snow load, 25 psf ground snow load (less than 4,000 ft. elevation).
- *Wind Loads* (OSSC section 1609): Ultimate wind speed – Risk Category (Cat.) I – 100 mph, Cat. II – 110 mph, Cat. III & IV – 115 mph, Normal wind speed Cat. I – 78 mph, Cat. II – 85 mph, Cat. III & IV – 90 mph, Exposure B or C.
- *Earthquake Loads* (OSSC section 1613): Site Class D.
- Seismic Design Category D.
- *Frost Protection* (OSSC sections 1809.5 & 1904.1) *Frost Depth*: 12 inches, *Frost Exposure*: Moderate.

## Site Plans (required for ALL projects including remodels):

x

Property lines, adjacent street names, easement locations and types, north arrow, drawing scale, and lot area in square feet.

All site related improvements including grading and erosion control (if ground disturbance is proposed).

All existing and proposed structures on site with distances from property lines and other structures. (Clearly show that items installed as part of the permit do not extend beyond the boundary of the site).

Utilities including gas lines, sewer lines, water lines, power lines, power poles, street lights, and water meters.

Location, dimensions, and area (in square feet) of all existing and proposed paving.

Landscaping, proposed and existing as required by land use review or Zoning Code for project, and erosion control plan (if any ground disturbance). Indicate any water ways and wetland areas on property.

Show existing and proposed finished grade based on spot elevations and two foot contours over entire site and extending five feet onto surrounding properties.

Indicate all projections exceeding 24" from exterior walls including overhangs, awnings, etc.

Any work shown in the public right-of-way shall be referenced to a ROW permit and shall be shaded to clearly indicate that scope of work is not included in current application. Ensure no "build notes" are included for those items in shaded areas.

Parking lot layout with required spaces, including accessible and van accessible spaces. Show all accessible routes into the structure, throughout the site, to all structures, mailboxes, any facilities onsite and accessible route to the right-of-way.

Indicate building surface coverage calculations – lot and footprint square footage and percentage of lot coverage.

## Architectural/Construction Drawings – Minimum Requirements

**Any building resulting in the footprint of 4,000 square feet or greater *OR* with a ceiling height 20' or more to be designed by an Oregon Registered Design Professional, Engineer's or Architect's seal and signature. All change in occupancy permits are to be designed by an Oregon Registered Design Professional, Engineer's or Architect's seal and signature.**

### 1. *Cover Sheet* – Building Information

- a) Complete code summary.
- b) Specify model code information.
- c) Construction Type.
- d) Number of stories and total height in feet.
- e) Building square footage. (*per floor and total*)
- f) OSSC Occupancy Type. (*show all types by floor and total*)
- g) Mixed-use ratio. (*if applicable*)
- h) Occupancy load calculation. (*show for occupancy type and total*)
- i) List work to be performed under this permit.
- j) List Design professional, Architects, Structural Engineers, Owner, Developer, and any other Design Members.

### 2. *Floor Plan*

- a) Specify use of each room and/or area.
- b) Include occupant loads calculation for every floor, room, and/or space.
- c) Identify all new, existing, and eliminated exits.
- d) Show maximum travel distance and all fire life safety requirements on egress plans.
- e) Show locations of all permanent rooms, walls, and shafts.
- f) Note uses of adjacent tenant spaces.
- g) Provide door and door hardware schedules.
- h) Identify location of all new walls, doors, windows, etc.
- i) Provide details and assembly numbers for any fire resistive assemblies.
- j) Indicate all rated walls, doors, windows, and penetrations.

- k) Provides a legend that distinguishes existing walls, walls to be removed, and new walls.
- l) Show location of appliances that can generate grease vapors.
- m) Identify fire alarm panel and remote annunciator(s).
- n) Include basement areas (*whether they are to be used for this project or not*).
- o) Show fire sprinkler riser rooms.
- p) Identify location of specialty suppression systems.
- q) Show accessible requirements, existing and proposed.

3. *Reflected Ceiling Plan*

- a) Provide ceiling construction details.
- b) Show location of all emergency lighting and exit signage.
- c) Include lighting fixture schedule.

4. *Framing Plan & Stair Details*

- a) Specify size, spacing, span, and wood species or metal gauge for all stud walls.
- b) Indicate all wall, beam, and floor connections.
- c) Include stair section showing rise, run, landings, headroom, handrail, and guardrail dimensions.

5. *Plumbing, Electrical, and Mechanical Plans*

- a) Plumbing, Electrical, and Mechanical plans are to be included with plan submittal.

6. *Storage Racks*

- a) Structural calculations required for seismic bracing of racks 8 feet or greater in height.
- b) Show the positive connection to floor and/or walls for racks 8 feet or less in height.

**Specific Requirements – Special Conditions**

**1. Egress Lighting**

If there is a requirement to complete an egress lighting inspection, we offer this service after hours for those customers interested in not having to ‘black-out’ the facility for inspection. Additional fees are required for after hours inspections. This inspection may be paid for as part of your total permit costs, at your discretion or paid for at the time of the actual inspection. By signing here you are requesting that the inspection be charged at current after hour’s fees to be paid at the time of permit issuance. Any requests for refunds will be subject to the current Linn County Planning and Building refund policy.

Signature

Printed Name

**2. Special Inspections**

Any commercial project requiring special inspections by the design professional and/or by State code, is required to submit a complete Special Inspection and Testing Agreement *before* permit issuance.

**3. Medical Gas Plans**

Show location of all piping, valves, vacuum pumps, and compressors. Show size and type of all piping and fittings. Show location and type of all alarms and outlets. Show location and volume of all supply gas. Provide specifications of vacuum pumps and compressors and ventilation requirements for storage areas.

Will there be use of procedures that render a patient incapable of unassisted self-preservation?

Yes                      No

\*Example may include the use of general anesthesia which could result in a patient becoming incapable of recognizing a fire emergency or of immediately leaving the building without assistance.

#### 4. Subcontractor Applications

All mechanical, plumbing, and electrical permits will require an application to be completed by the sub-contractors before the total permit cost can be calculated and before the permit can be issued.

#### 5. All Restaurants & Food Service Establishments (Including Small Deli Types) Require Grease Interceptors

*Plans for grease interceptors must include the following items:*

Floor plan showing all plumbing fixtures to ¼ scale; specific use for each fixture; how each fixture will be plumbed and vented; the type of food to be served; cleaning procedure for kitchen cooking appliances and floors; provide proposed size of interceptor; provide drainage fixture units for all fixtures that will be going through interceptor; and, capacity, in gallons, of fixtures draining into interceptor.

#### 6. Food-Related Activities

Any food or beverage-related commercial activity will require licensing and inspection by either Linn County Environmental Health Division or the Oregon Department of Agriculture's Food Safety Division. Plan review by one of these two agencies will also be required.

Food service (i.e. restaurant, deli, café, coffee shop, brew pub, catering operation, mobile food vendor, etc.) Businesses of this type would contact Linn County Environmental Health Division at (541) 967-3821.

Food or beverage processing, manufacturing, sales, warehousing/distribution (i.e. grocery store, convenience store, home-based food business, beverage production and/or sales; includes wine, non-alcoholic beverages, bottled water, brewery, etc.), food products warehouse, bakery, meat market, food processing (includes the manufacture and/or handling of any food product). Businesses of this type would contact Oregon Department of Agriculture Foods Safety Division at (541) 923-0754.

#### 7. Potable Water

All commercial water services must have a backflow prevention assembly installed for premise isolation and initial or annual testing must be current and on file with the **Public Works Department**. Existing facilities which do not have a backflow prevention assembly installed, do not have the proper assembly type installed or do not have current testing on file will be required to resolve prior to final inspections of any permitted renovations as part of the permit approval conditions. Please see below for a list of uses which require specific assembly installations:

***The Following Businesses Require Isolation by an Approved Air Gap or Reduced Pressure Principle Type Assembly:***

Agriculture uses, beverage bottling plants, auto wash, chemical manufacturing, commercial laundries and dry cleaners, film processing plants, food processing plants, laboratories, metal plating industries, mortuaries, petroleum processing or storage plants, wastewater lift and pumping stations and treatment plants, medical facilities including but not limited to hospitals, medical clinics, nursing homes, veterinary clinics, dental clinics & blood plasma centers.

***Premises with any of the following conditions:***

Both reclaimed and potable water are used, irrigation systems which use chemical additions directly into water system, pressured piping is used to convey liquids other than potable water and the piping is installed in proximity to potable water supply, an auxiliary water supply is connected to potable water supply, water is being treated by the addition of chemical or other additives.

#### 8. Waste Water Pretreatment

Have you confirmed the industry which is being permitted is in compliance with Local, State, and Federal regulations for discharge of waste water? It is the responsibility of the applicant to complete the confirmation.

For information or guidance in this matter, contact Linn County Environmental Health at (541) 967-3821 or visit [www.co.linn.or.us](http://www.co.linn.or.us)

For a list of industries required to comply with pretreatment requirements visit <https://www.epa.gov/eg/industrial-effluent-guidelines>.

**9. Address**

A valid physical address is required on the application. If the building includes suites or if there are multiple buildings on the site, the following information will be required with the Constuction Permit Application. Provide a minimum 8 1/2" X 11" floor plan including suite number layout with any existing suite numbers in use and/or, if more than one building on lot, provide, a minimun 8 1/2" X 11" site plan including any existing building identifiers. Floor plan must include all tenant spaces, including tenant business names. Please contact the Linn County GIS Department at (541) 924-6903 with any questions.

Building does not have suites and site does not have multiple buildings.

\*\*\*Additional fees may be charged for phased construction, deferred submittals and project revisions.

*I do hereby certify that all information hereon is true and accurate and that I am responsible for submitting the applicable items to the appropriate departments.*

Agent/Builder

or

Owner

Signature – Agent

Signature – Owner

Printed Name – Date

Printed Name – Date

What is your association to this project? (i.e: business owner, general contractor, property owner, designer, etc.)

# LINN COUNTY PLANNING AND BUILDING DEPARTMENT



## **Building Permit Application**

Linn County Planning and Building  
 PO Box 100; Albany, OR 97322  
 Phone (541) 967-3816  
 Fax (541) 926-2060  
 www.co.linn.or.us

Type of work		Contractor	
New construction	Addition/alteration	Business Name	Date received
Demolition	Other	Address	By
If other, explain		City/State/Zip	Payment Type
Category of Construction		Permit Fees	
1 & 2 family dwelling	Commercial/Industrial	Phone	Fax
Accessory building	Multi-family	CCB license	
Manufactured Home	Other	Authorized signature	
If other, explain		Print name	
Job Site Information and Location		Permit Fees	
Job site address	Project name	Permit fees are based on the value of the work performed. indicate the value (round to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
City/State/Zip			
Suite/bldg./apt. #			
Cross street/directions to job site			
Subdivision	Lot #		
Tax map/parcel #			
Description of Work		<b>Required Data: 1 &amp; 2-Family Dwelling</b>	
		Valuation Number of bedrooms Number of bathrooms Total number of floors New dwelling area .....square feet Garage/carport area .....square feet Covered porch area .....square feet Deck area .....square feet Other structure area .....square feet	
Property Owner		Applicant	
Name		<b>Required Data: Commercial - Use Checklist</b>	
Address			
City/State/Zip			
Phone	Fax		
E-mail			
Tenant		Contact Person	
Business name		Permit fees are based on the value of the work performed. Indicate the value (round to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Contact name			
Address			
City/State/Zip			
Phone	Fax		
Email			
		Valuation Existing Building Area ..... square feet New Building Area ..... square feet Number of Stories Type of Construction Occupancy groups Existing New	

# LINN COUNTY PLANNING AND BUILDING DEPARTMENT

## Notice

**For Homeowner Installations:**

This installation is being made on residential or farm property owned by me or a member of my family, and is exempt from licensing requirements under ORS 701.010.

Signature \_\_\_\_\_

Date \_\_\_\_\_

## Manufactured Homes Fees

Manufactured Home Installation	\$	
State Surcharge 12%	\$	
State Service Charge	\$	
Date	\$	<b>Total</b>

Please Note: All plan review fees are collected at the time of permit issuance. If the application is expired or voided prior to permit issuance, all remaining plan review fees will be due. I have read and understand these terms.

Initial \_\_\_\_\_

**\*\*\*This application is valid for 180 days\*\*\***

## Application Checklist (for Building Department Staff only)

Date received	Permit number
Accepted by	Reviewed by
Floodplain	Flood zone
Date application deemed complete	Type of permit

## Application Checklist (for Planning Staff only)

Map number	Zoning
Date received	Planning permit number
Accepted by	Site plan complete
Setbacks    Front	Rear                      Side                      Riparian                      Other
Zoning District	Legal Lot                      Wetlands                      Geo-Hazard
Comments	



# LINN COUNTY PLANNING AND BUILDING DEPARTMENT

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## Application Checklist (for EHD Staff only)

Date received

Received by

Septic permit number

Site plan approved

Comments

## Application Checklist (for Road Department staff only)

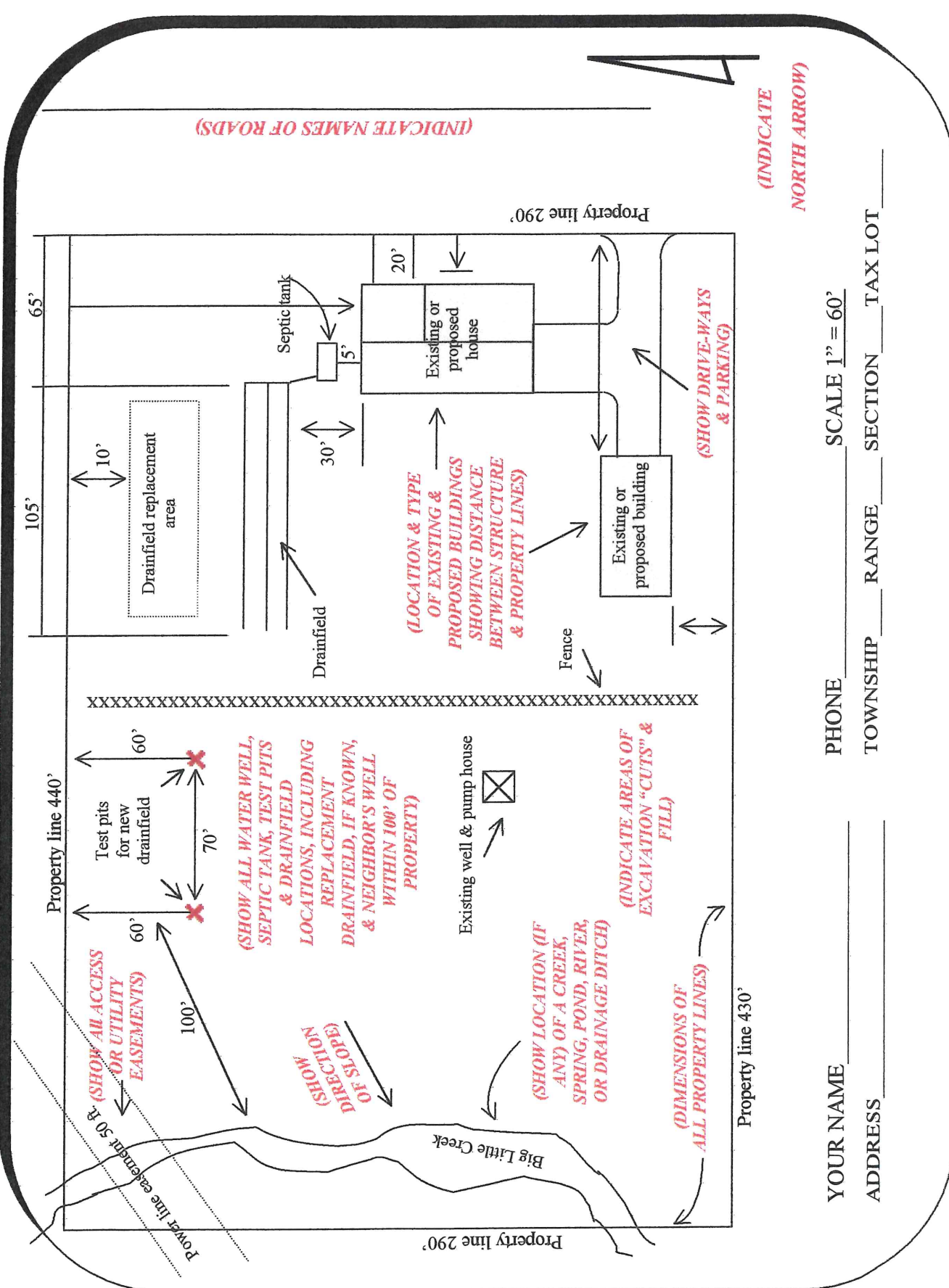
Date received

Reviewed by

Road permit number

Comments

**NOTE: All plot plans must be drawn to scale**



(INDICATE NAMES OF ROADS)

(INDICATE NORTH ARROW)

YOUR NAME \_\_\_\_\_ PHONE \_\_\_\_\_ SCALE 1" = 60'  
 ADDRESS \_\_\_\_\_ TOWNSHIP \_\_\_\_\_ RANGE \_\_\_\_\_ SECTION \_\_\_\_\_ TAX LOT \_\_\_\_\_

11" x 17" OR 8 1/2" x 11" SHEET OF PAPER

**SAMPLE PLOT PLAN**



# COMMERCIAL BUILDING Fire Plans Review Form

Albany Fire Department  
611 Lyon St SE • Albany, OR 97321  
(541) 917-7700 • Fax (541) 917-7716

## Job Site Information and Location (where the work is taking place):

Job Site Address: \_\_\_\_\_

Business Name: \_\_\_\_\_

## Property Owner: \_\_\_\_\_

Owner Mailing Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_

## Applicant/Contact Information (permit owner):

Name of Applicant: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_

E-mail: \_\_\_\_\_

## Contractor Information:

Name of Contractor: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_

E-mail: \_\_\_\_\_

Oregon CCB # (required): \_\_\_\_\_

## Project Description:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*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.*

Authorized Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

## Office Use Only:

Building Permit #: \_\_\_\_\_

## CATEGORY OF CONSTRUCTION

Commercial

Multi-family

## TYPE OF WORK

Accessory Structure

Change of Use/Occupancy\*  
(fee not based on valuation)

New

Addition

Alteration/Repair

## REQUIRED DATA

Building permit fees are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application. Permit fees will be calculated using valuation table (see fee schedule), or stated value, whichever is greater.

Valuation: \_\_\_\_\_

Type of Construction: \_\_\_\_\_

Occupancy Groups

Existing: \_\_\_\_\_

New: \_\_\_\_\_

Number of Stories: \_\_\_\_\_

Number of Buildings: \_\_\_\_\_ Number of Units: \_\_\_\_\_

Existing Building Area (square feet): \_\_\_\_\_

New Building Area (square feet): \_\_\_\_\_

Finished Square Feet: \_\_\_\_\_

Unfinished Square Feet: \_\_\_\_\_

## FEES Office Use Only:

Building Permit Fee: \$ \_\_\_\_\_

Building Plans Review Fee: \$ \_\_\_\_\_

Fire Plans Review Fee\*: \$ \_\_\_\_\_

\*Fire Plans Review Fee is 15% of the Building Plans Review Fee

## PAYMENT OPTIONS

### Fire Plans Review Fee Payment Options:

**In person:** Fire Station 11 • 611 Lyon St SE • Albany, OR • 97321

**Mail:** Albany Fire Department • PO Box 490 • Albany, OR • 97321

**Telephone:** 541-704-2332 (Kate Hennessy)

**THIS FORM MUST ACCOMPANY PAYMENT**

**FIRE DEPARTMENT:** See Fire Plan Review Checklist  
[Fire Department Site Plan Review Checklist](#)