



LINN COUNTY PLANNING AND BUILDING DEPARTMENT

Steve Michaels, Director

Room 114, Linn County Courthouse
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Phone 541-967-3816, 1-800-319-3816 Fax 541-926-2060

LINN COUNTY BUILDING PERMIT APPLICATION REQUIREMENTS

The following 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 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, or 1-800-304-7468. (Please contact this department regardless of 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) **BUILDING PLAN REVIEW:**

- (A) Residential: Three complete sets of building and site (plot) plans along with a signed residential plan submittal checklist shall be submitted for review. This review can take up to ten working days after completed plans have been submitted.
- (B) Commercial: A pre-application meeting is required for all commercial or industrial building projects. Contact John Hixson, extension #2233, to schedule an appointment with a plans examiner.

May 6, 1999

**BUILDING AND DEVELOPMENT PERMIT APPLICATION
WORKSHEET**

Date: _____
Permit #: HARR- _____
Receipt #: _____

Property Owner/Applicant Information:

- A. Applicant(s) Name _____
Address _____
City _____ State _____ Zip Code _____
Phone Number (hm) _____ (work) _____
- B. Property Owner _____
Address _____
City _____ State _____ Zip Code _____
Phone Number (hm) _____ (work) _____
- C. Contractor Name _____ CCB# _____
Address _____
City _____ State _____ Zip Code _____
Phone Number (hm) _____ Cell _____

Property Information:

Map Number: (Twp) 15S (Range) 4W (Section) _____ (TaxLot) _____

Site Address (if any): _____

Permit Information:

Please give a brief description of the proposed work:

What type of work will be done?

_____ Structural _____ Plumbing _____ Mechanical _____ Electrical

Fees Collected: _____
12% State Surcharge: _____
Total Fees Collected: _____



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**One & Two Family Dwelling
 Building Permit Application Checklist**

Permit Number: HARR- _____
 Map Number: 15S-4W- _____

The following items are required for plan review and shall be used by Linn County to determine completeness of plans and compliance with OAR 918-020-0090(3)(a)(C) and (4).

| | | Yes | No | N/A |
|----|--|-----|----|-----|
| 1 | Three complete sets of legible plans drawn to scale, showing conformance to the applicable local and state building codes. Lateral 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. | | | |
| 2 | Site/Plot plan drawn to scale. The plan must show: lot and building setback dimensions; property corner elevations (if there is more than 4-ft. elevation differential, the site plan must show contour lines at 2-ft. intervals for a distance away from the building necessary to show compliance with OTFDC R105.3); location of easements and driveway, footprint of structure (including decks), location of wells/septic systems, utility locations, any known fill sites or landslide hazards areas, direction indicator, lot area, impervious area, existing structures on site, and surface drainage. | | | |
| 3 | 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. | | | |
| 4 | Floor plans. Show all dimensions, room identification, door and window sizes and locations, location of smoke detectors, water heater, HVAC equipment, ventilation fans, plumbing fixtures, balconies and decks 30 inches above grade, etc. | | | |
| 5 | Cross section(s) and details. Show all framing member sizes and spacing such as floor beams, headers, joists, sub-floor, wall construction, roof construction. More than one cross section may be required to clearly portray construction. Show details of all wall and roof sheathing, roofing, roof slope, ceiling height, siding material, footings and foundation, stairs, fireplace construction, thermal insulation, etc. | | | |
| 6 | 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 greater than 4-ft at building envelope. Full size sheet addendums showing foundation elevations with cross-references are acceptable. | | | |
| 7 | 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. | | | |
| 8 | Floor/roof framing plans (stick framed) are required for all floors/roof assemblies indicating member sizing, spacing and bearing locations, nailing and connection details. Show location of attic ventilation. | | | |
| 9 | Basement and retaining wall cross sections and details showing placement of reinforcing steel, drains and waterproofing shall be provided. Engineered plans are required for retaining walls exceeding 4' in height and basement walls not complying with the prescriptive code requirements. For engineered systems, see item 13, for "Engineer's calculations." | | | |
| 10 | Beam calculations. Provide two 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. | | | |
| 11 | Manufactured floor/roof truss design details. Provide floor/roof layouts with reactions. | | | |
| 12 | Energy Code Compliance. Identify the prescriptive path or provide calculations. | | | |
| 13 | Engineer's calculations when required or provided, (i.e., shear wall, retaining walls exceeding 4') shall be stamped by an engineer or architect licensed in Oregon and shall be applicable to the project under review by cross-reference to the applicable plan location. | | | |

Linn County specific building requirements. (For office use only)

| | | | | |
|----|--|--|--|--|
| 14 | Floodplain Elevation Certificate (Pre & Post Construction) | | | |
| 15 | Geo Technical Report for Geo Hazard Areas | | | |
| 16 | | | | |
| 17 | | | | |
| 18 | | | | |

Checklist must be completed before plan review start date. Minor changes or notes on submitted plans may be in blue or black ink. Red ink is reserved for department use only.

Application Check List (for Building Department Staff only)

Date Received: _____ Permit Number: HARR- _____
Accepted By: _____ Reviewed By: _____
Floodplain: _____ Flood Zone: __ 41043C1118G
Date Application Deemed Complete: _____ Sept-2010
Type of Permit: _____

Application Check List (for Planning Staff Only)

Map Number: 15S-4W- _____
Date Received: _____ Planning Permit #: HARR- _____
Accepted By: _____ Site Plan Complete: _____
Setbacks-Front _____ Rear _____ Side _____ Riparian _____
Other _____
Zoning District: _____
Legal Lot: _____ Wetlands: _____ GeoHazard: N/A

Comments: _____

Application Check List (for EHD Staff Only)

Date Received: _____ Reviewed By: _____
Septic Permit Number: _____ Site Plan Approved: _____

Comments: _____
_____ **City Water and Sewer is Provided** _____

