



City of Lake Oswego – Building Division

PO Box 369 – 380 A Ave
Lake Oswego, OR 97034
(503) 635-0390
www.ci.oswego.or.us/building

COMMERCIAL ALARM or SUPPRESSION SYSTEMS

These Applications are to be submitted online at:

<https://aca-oregon.accela.com/oregon/>

Dear Applicant;

On the permit application you must provide all **JOB SITE INFORMATION**. The permit application must be completed in its entirety, where a section of the application doesn't apply you must indicate (N/A). Please provide valuation of the project.

A permit with plans will be required for all fire alarm, fire sprinkler, fire line and fire suppression system work. Provide plans designed by a qualified person, illustrating calculations, device locations & all cut sheets.

FIRE ALARMS:

The system must be designed under the current adopted edition of NFPA 72 & other applicable codes.

- **5 Devices or less** can be submitted with an affidavit. You must include floor plan showing location of devices added or moved, the building permit application & completed affidavit. Make sure to include a comment on the online form that this is an affidavit.
- **Over 5 devices** require full submittal.
- **Fire alarm control unit/panel or communicator installation** requires full submittal.

FIRE SPRINKLERS:

The system must be designed under the current adopted edition of NFPA 13/13R & other applicable codes.

- **10 Heads or less** can be submitted with an affidavit. You must include floor plan showing location of heads added or moved, the building permit application & completed affidavit. Make sure to include a comment on the online form that this is an affidavit.
- **Over 10 heads** require full submittal.

UNDERGROUND FIRE LINES:

For underground fire line, provide plans from the vault inward. The system must be designed under the current adopted edition of NFPA 14 & other applicable codes.

HOOD SUPPRESSION SYSTEMS:

Provide plans illustrating the site with the pull station location. The system must be designed under the current adopted edition of NFPA 96 & other applicable codes.

PLEASE NOTE: PRIOR TO SCHEDULING INSPECTIONS, YOU MUST EMAIL THE
FIRE DEPARTMENT AT: fmo@ci.oswego.or.us



BUILDING PERMIT APPLICATION

380 A Avenue, Lake Oswego, OR 97034

503-635-0390

Submit Permits to: permits@lakeoswego.city

Online: www.buildingpermits.oregon.gov

PERMIT #

DATE:

AMT PD:

AMT DUE:

CATEGORY OF CONSTRUCTION

RESIDENTIAL

COMMERCIAL

TYPE OF WORK

New 1- and 2-family Dwelling

Demolition

Addition/alteration/replacement

Deck/patio cover

Accessory structure/garage/pool

Boathouse/dock**

Multi-family

Interior T.I. (Comm)

Other (Add Description)

Lake Corp Approval**

JOB SITE INFORMATION AND LOCATION

Project/tenant name:

Job site address:

Suite #

Tax Map No.

WORK DESCRIPTION

PROPERTY OWNER

TENANT

Name:

Address:

Phone:

CONTACT PERSON

Name:

Phone:

E-mail:

CONTRACTOR INFORMATION

Business name:

CCB:

Address:

Phone:

E-mail (Required):

Authorized

Signature:

Print name

Date:

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

RESIDENTIAL REQUIRED DATA

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.

Valuation: \$

	EXISTING	NEW OR ADDING
Number of bedrooms:		
Number of baths:		
Total # of Floors		
Dwelling SF area		
Garage/carport area		
Covered porch area		
Deck area		
Other structure area		

COMMERCIAL REQUIRED DATA

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.

Valuation: \$

Area (SF)
Existing Building:
New Building Area:
Number of stories:
Type of construction:

THIS PERMIT APPLICATION EXPIRES if a permit is not obtained within 180 days after it has been accepted as complete. *Fee methodology set by Tri-County Building Industry Service Board Form B70-1001

Building Permit Fee*

Please refer to master fee schedule

**** Check Box if you have obtained Lake Corporation approval**



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**FIRE SPRINKLER AFFIDAVIT FOR
ALTERATIONS UP TO 10 SPRINKLER HEADS**

(Without plan review)

Project Name: _____ Occupancy: _____

Job Address: _____ Suite: _____

Contractor: _____ Phone: _____

Date: ___/___/___ Number of altered heads (max 10): _____

Description of work: _____

I certify that the following is true and reasonably defines the scope of work for this project:

- A) Piping involves branch lines or piping directly connected to sprinkler heads or connected through arm-overs.
- B) There is no change in hazard classification or commodity configuration.
- C) Positions of sprinkler heads relative to architectural features such as soffits, beams, partitions, walls, etc. complies with the current adopted edition of NFPA 13.
- D) The proposed work does not require hydraulic calculations/does not create a newly hydraulically remote area.
- E) The area covered per sprinkler head is limited to the spacing requirements of NFPA 13.
- F) Tenant improvements in new light hazard occupancies shall be equipped with QR heads or meet conditions of 8.3.3.1 in the current edition of NFPA 13.
- G) The installation shall comply with the requirements of the current adopted edition of NFPA 13.
- H) Work shall not be covered until piping, hangers and bracing are inspected.
- I) Final approval shall be subject to onsite tests and inspections.

In addition, I understand the following is required:

- A sketch provided on the job site upon request of the inspector showing:
 - Locations of work within the building.
 - Placement of existing heads/devices in the area of work.
 - New locations if any existing heads/devices will be moved.
 - Locations and cutsheets for all new/added heads or devices.

A copy of this document shall be available for all inspections. The Fire Marshal’s Office reserves the right to require plans and calculations as determined during the field inspection.

Contact the fire department directly for inspection requests prior to scheduling through E-Permitting by sending an email to: fmo@ci.oswego.or.us

Signature: _____ Date: ___/___/___



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FIRE ALARM SYSTEM AFFIDAVIT FOR ALTERATIONS OR TENANT IMPROVEMENT
(Alarm Control Panel Replacement or Installation Not Eligible)
(Without plan review)

Building Permit No. _____ Date Received _____

Project Name: _____ Occupancy: _____

Job Address: _____

Contractor: _____ Phone: _____

Type of System: (check one) Required Non-required
(check one) Automatic Manual Both

Maximum number of devices added or moved under this permit process is 5 total per tenant space

No. of Proposed Smoke / Heat Detectors: To be Added _____/ To be Relocated _____

No. of Proposed Manual Alarm Stations: To be Added _____/ To be Relocated _____

No of Proposed Notification Appliances: To be Added _____/ To be Relocated _____

I, _____, Oregon Construction Contractors Board No. _____ certify the following is true and defines the scope of work for this project.

- a. All work complies with the current state-adopted NFPA-72 and the authority having jurisdiction.
- b. All notification appliances are located in accordance with the current state-adopted NFPA-72.
- c. Smoke/Heat detector spacing complies with current state-adopted NFPA-72 and the AHJ.
- d. Exposed wiring will not be covered until inspected.
- e. Final approval shall be subject to on-site tests and inspections.**
- f. Voltage drop is adequate to operate all appliances.
- g. Battery supplies are capable of supporting the system modifications.
- h. A statement of compliance, with the minimum information as specified in OFC Section 901.2.1, will be given to the building inspector prior to final approval.
- i. Compatibility of appliances and devices are in accordance with the FACP manufacturer’s specifications.

In addition, I understand the following is required:

- A sketch attached to this document and the building permit showing the area of work within the building’s structure, and
- A copy of this document shall be available for the authority having jurisdiction, and
- An electrical permit

At time of final fire department acceptance test these documents are required:

- As-Built drawings detailing the work performed
- NFPA 72 Record of Completion
- NAC EOL Voltage drop Calculations

When end of line notification circuit voltage is not calculated, alarm voltage measurements may be used. The difference between the measured source and end of line alarm voltages shall not exceed 4.4 volts.

Signature: _____ Date: _____



Tri-County Commercial Application Checklist

City of Lake Oswego – Building Division

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 (503) 635-0390 ▪ Fax: (503) 697-6574
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PROJECT INFORMATION

Project name:		Date:	
Address:	City:	State:	ZIP:
Scope of work:			
Reference no.:	Map and tax-lot no.:		
Contact person name:	Company:		
Phone:	Fax:		
Cellular phone:	E-mail:		

NOTES AND INSTRUCTIONS

The purpose of this checklist is to help define a complete submittal package for the scope of work. Plan review will not take place until a complete package is submitted.
 This checklist can be used for all commercial construction projects, including new construction, additions, alterations and tenant improvements.
 For complex projects, applicants should use the “location” space to note the item’s location and page number from the plans or the specification book.
 It is not necessary to duplicate submittal information, even if it is asked for in multiple sections.
 In the checklist, “Required” means that the applicant must provide this information for plan review.
 In the checklist, “P” means —

- *if checked by the applicant* — the information is provided for the plan review.
- *if checked by the plans reviewer* — this information is required for the plan review.

In the checklist, “NA” means that the information does not apply.
 Choose only those sections of the checklist that apply to your scope of work. Section 1.0, “General Project Data,” must be included with each project submitted.

PRE-SUBMITTAL PROCESS

An applicant may request a pre-submittal meeting with representatives of the jurisdiction in which the project will be built. The meeting may take place during the conceptual, schematic, or in-progress phase, or when the applicant has completed plans.

INDEX OF CHECKLIST SECTIONS

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This checklist is for building department jurisdictions in Clackamas, Multnomah, and Washington counties.

SECTION 1.0 — GENERAL PROJECT DATA

Construction documents		<i>Location (sheet number or spec section)</i>
1.1	<input checked="" type="checkbox"/> Required No. of sets of plans: 2 MAX SIZE 30 X 42	_____
1.2	<input checked="" type="checkbox"/> Required Cover sheet title block	_____
1.3	<input checked="" type="checkbox"/> Required Cover sheet vicinity map	_____
1.4	<input checked="" type="checkbox"/> Required Cover sheet plan index	_____
1.5	<input type="checkbox"/> P <input type="checkbox"/> NA Code summary	_____
1.6	<input type="checkbox"/> P <input type="checkbox"/> NA Deferred submittal summary	_____
1.7	<input type="checkbox"/> P <input type="checkbox"/> NA Professional stamp and signature	_____
1.8	<input type="checkbox"/> P <input type="checkbox"/> NA Fire and life-safety plan	_____
1.9	<input type="checkbox"/> P <input type="checkbox"/> NA Landscape plan	_____
1.10	<input type="checkbox"/> P <input type="checkbox"/> NA Landscape specifications	_____
Supporting documents		<i>Notes</i>
1.20	<input type="checkbox"/> P <input type="checkbox"/> NA Land-use or planning actions	_____
1.21	<input type="checkbox"/> P <input type="checkbox"/> NA Required fire-flow calculations	_____
1.22	<input type="checkbox"/> P <input type="checkbox"/> NA Fire-hydrant flow-test report	_____
1.23	<input type="checkbox"/> P <input type="checkbox"/> NA Fire department or fire district building survey report	_____
1.24	<input type="checkbox"/> P <input type="checkbox"/> NA Material safety data sheets (MSDS)	_____

SECTION 2.0 — CIVIL DATA

Construction documents		<i>Location (sheet number or spec section)</i>
2.1	<input checked="" type="checkbox"/> Required Site plan	_____
2.2	<input checked="" type="checkbox"/> Required Site utility plan	_____
2.3	<input checked="" type="checkbox"/> Required Grading plan	_____
2.4	<input checked="" type="checkbox"/> Required Erosion-control plan	_____
2.5	<input type="checkbox"/> P <input type="checkbox"/> NA Utility-vault location and details	_____
Supporting documents		<i>Notes</i>
2.20	<input type="checkbox"/> P <input type="checkbox"/> NA Geotechnical/soil engineer report	_____
2.21	<input type="checkbox"/> P <input type="checkbox"/> NA Storm-water calculations	_____
2.22	<input type="checkbox"/> P <input type="checkbox"/> NA Site retaining-wall structural calculations	_____
2.23	<input type="checkbox"/> P <input type="checkbox"/> NA “Assurance of Compliance” with environmental rules	_____

SECTION 10.0 — FIRE SUPPRESSION DATA

Construction documents		<i>Location (sheet number or spec section)</i>
10.1	<input checked="" type="checkbox"/> Required Floor plan(s)	_____
10.2	<input checked="" type="checkbox"/> Required Sprinkler piping plan(s).....	_____
10.3	<input type="checkbox"/> P <input type="checkbox"/> NA Site plan.....	_____
10.4	<input type="checkbox"/> P <input type="checkbox"/> NA Standpipe information	_____
10.5	<input type="checkbox"/> P <input type="checkbox"/> NA Back flow prevention information	_____
10.6	<input type="checkbox"/> P <input type="checkbox"/> NA Reflected ceiling plan(s).....	_____
10.7	<input type="checkbox"/> P <input type="checkbox"/> NA Transverse and longitudinal cross sections	_____
10.8	<input type="checkbox"/> P <input type="checkbox"/> NA Fire-rated construction details	_____
10.9	<input type="checkbox"/> P <input type="checkbox"/> NA Specialty fire suppression system plans and list of systems	_____
Supporting documents		<i>Notes</i>
10.20	<input checked="" type="checkbox"/> Required Structural calculations for vertical loads and lateral loads for equipment weighing over 400 pounds	_____
10.21	<input checked="" type="checkbox"/> Required Equipment manufacturers' catalog "cut sheets"	_____
10.22	<input type="checkbox"/> P <input type="checkbox"/> NA Hydraulic calculations	_____
10.23	<input type="checkbox"/> P <input type="checkbox"/> NA Specialty fire suppression system information.....	_____

SECTION 11.0 — FIRE DETECTION AND ALARM DATA

Construction documents		<i>Location (sheet number or spec section)</i>
11.1	<input checked="" type="checkbox"/> Required Floor plan(s)	_____
11.2	<input type="checkbox"/> P <input type="checkbox"/> NA Site plan.....	_____
11.3	<input type="checkbox"/> P <input type="checkbox"/> NA Reflected ceiling plan(s).....	_____
11.4	<input type="checkbox"/> P <input type="checkbox"/> NA Transverse and longitudinal cross sections	_____
11.5	<input type="checkbox"/> P <input type="checkbox"/> NA Wiring schematic.....	_____
11.6	<input type="checkbox"/> P <input type="checkbox"/> NA Elevator recall information.....	_____
11.7	<input type="checkbox"/> P <input type="checkbox"/> NA Operational matrix.....	_____
11.8	<input type="checkbox"/> P <input type="checkbox"/> NA Fire-rated construction details	_____
11.9	<input type="checkbox"/> P <input type="checkbox"/> NA Standard electrical notes.....	_____
Supporting documents		<i>Notes</i>
11.20	<input checked="" type="checkbox"/> Required Structural calculations for vertical loads and lateral loads for equipment weighing over 400 pounds	_____
11.21	<input checked="" type="checkbox"/> Required Equipment manufacturers' catalog "cut sheets"	_____
11.22	<input checked="" type="checkbox"/> Required Installer certification information.....	_____
11.23	<input type="checkbox"/> P <input type="checkbox"/> NA Battery calculations	_____
11.24	<input type="checkbox"/> P <input type="checkbox"/> NA Sample fire alarm log book	_____
11.25	<input type="checkbox"/> P <input type="checkbox"/> NA Emergency power system specifications.....	_____
11.26	<input type="checkbox"/> P <input type="checkbox"/> NA Monitoring station information	_____
11.27	<input type="checkbox"/> P <input type="checkbox"/> NA Voltage drop calculations	_____