



# New Residential Construction

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Building Permit Applications to be submitted online at:  
<https://aca-oregon.accela.com/oregon/>  
Or by email to:  
[Permits@lakeoswego.city](mailto:Permits@lakeoswego.city)

- **Step 1 - Tree Removal/Protection:**

- If Tree Permits are required: Submit a completed Tree Removal application and a Tree Protection application **directly to the Planning Department at:** [trees@lakeoswego.city](mailto:trees@lakeoswego.city)
- Please contact the Planning Department with questions about tree permits (503) 635-0290.

- **Step 2 - Building Permit submittal:**

- Application: provide the information requested including; valuation, square footages (each structure), number of bedrooms & bathrooms, etc.;
- Plan sheet size: provide **digital format** construction documents and provide a consistent size for all sheets;
- Contractor information: include contractor information & signatures on all trade permits, and if not available, enter TBD
- Mechanical permit: include quantities (devices, units, bathrooms, etc.) on the application;
- Application checklist: review & complete the application checklist in the application packet and provide the Site Plan requirements; and,
- Erosion control: submit a completed Erosion Control application and separate mitigation plan **directly to the Engineering Department at:** [troberts@lakeoswego.city](mailto:troberts@lakeoswego.city)
- Please contact the Erosion Control Specialist at (503)675-3991 for more information.

## **Notes:**

- Tree permit(s) required prior to Building permit issuance: Tree Protection Inspections and/or Tree Removal permits must be approved before the Building Department will issue the associated Building permit;
- Building permit expiration and extension: A building permit will expire:
  - 180 days from the date of issuance if work hasn't begun; or,
  - if work is suspended or abandoned for 180 days or more.

**If construction is on or near Lake Corporation Property, please be sure to discuss your project with their office.**

A 180-day permit extension is available by submitting a written request to the Building Official. Please include estimated completion date of the project in your written request. Not all extension requests will be granted.



## BUILDING PERMIT APPLICATION

380 A Avenue, Lake Oswego, OR 97034  
503-635-0390

Submit Permits to: [permits@lakeoswego.city](mailto:permits@lakeoswego.city)  
Online: [www.buildingpermits.oregon.gov](http://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**

# ELECTRICAL PERMIT APPLICATION



380 A Avenue, Lake Oswego, OR 97034  
 503-635-0290  
 Submit Permits to: [permits@lakeoswego.city](mailto:permits@lakeoswego.city) Online:  
[www.buildingpermits.oregon.gov](http://www.buildingpermits.oregon.gov)

## DEPARTMENT USE ONLY

Permit #:	
By:	Date:
Zoning approval verified? <input type="checkbox"/> Yes <input type="checkbox"/> No	

*This permit is issued under OAR 918-440-0050. Permits expire if work is not started within 180 days of issuance or if work is suspended for 180 days.*

CONSTRUCTION CATEGORY	
<input type="checkbox"/> Single Family Dwelling <input type="checkbox"/> Mfd Dwelling <input type="checkbox"/> Res Accessory Structure <input type="checkbox"/> Duplex <input type="checkbox"/> Townhome <input type="checkbox"/> Commercial/Industrial <input type="checkbox"/> Multifamily <input type="checkbox"/> Mixed Use	
TYPE OF WORK	
<input type="checkbox"/> New <input type="checkbox"/> Addition <input type="checkbox"/> Alteration <input type="checkbox"/> Repair <input type="checkbox"/> Demolition <input type="checkbox"/> Other <input type="checkbox"/> Replacement <input type="checkbox"/> Tenant Improv.	
JOB SITE INFORMATION & LOCATION	
Job site address:	
City/State/ZIP:	
Project Name:	
Parcel #:	
Directions to job site:	
DESCRIPTION OF WORK	
Job # (optional):	
PROPERTY OWNER INSTALLATION	
Name:	
Address:	
City/State/ZIP:	
Phone:	
Email:	
<input type="checkbox"/> Owner acknowledges installation is being made on residential or farm property owned by me or a member of my immediate family. This property is not intended for sale, exchange, lease, or rent. ORS 479-540(1) and 479.560(1).	
Signature: _____	
CONTRACTOR INSTALLATION	
Business name:	
Address:	
City/State/ZIP:	
Phone:	
Email:	
Contractor CCB license #:	
BCD license #:	
Name of signing supervisor:	
Signature: _____	SS Lic #:

ELECTRICAL FEE SCHEDULE			
	Fee	Qty	Total
<b>New 1&amp;2 Family – service &amp; attached garage included</b>			
1,000 sq. ft or less (per unit)	293.60		
Each additional 500 sq. ft. or portion thereof	59.80		
Limited energy, new construction	100.00		
Each Manuf. Dwelling or Modular service or feeder	118.50		
<b>New Multifamily – total # of units:</b>			
Use 1&2 Family rates above for largest sq ft unit – cost of largest unit /2 x number of remaining units	293.60		
Multifamily limited energy, by floor			
<b>Services or feeders (installation, alteration, relocation)</b>			
200 amps or less	175.05		
201 to 400 amps	231.60		
401 to 600 amps	349.05		
601 to 1,000 amps	524.10		
Over 1,000 amps or volts	958.45		
Reconnect only	110.00		
<b>Temp. services or feeders (installation, alteration, relocation)</b>			
200 amps or less	102.20		
201 to 400 amps	217.45		
401 to 600 amps	293.60		
601 to 1,000 amps	430.00		
Over 1,000 amps or volts	814.65		
<b>Branch circuits (new, alteration, extension per panel)</b>			
<i>Fee for branch circuits <b>with</b> purchase of a service or feeder fee:</i>			
Each branch circuit	13.45		
<i>Fee for branch circuits <b>without</b> purchase of a service or feeder fee:</i>			
First branch circuit	97.85		
Add'l branch circuits	13.45		
<b>Renewable Energy</b>			
5 kva or less	151.15		
5.01 kva to 15 kva	180.45		
15.01 kva to 25 kva	293.85		
<b>Wind Generation Systems greater than 25 kva</b>			
25.01 to 50 kva	587.75		
50.01 kva to 100 kva	1175.55		
<b>Solar Generation Systems greater than 25 kva</b>			
25kva rate above + ea addtl kva	293.85		
	+11.74		
<b>Miscellaneous (service or feeder <i>not</i> included)</b>			
Each pump or irrigation circle	118.50		
Each sign or outline lighting	118.50		
Signal, circuit or a limited-energy panel, alteration or extension	118.50		
<b>Subtotal: (add ALL fees) + \$31.00 Retention Fee</b>			
12% surcharge (.12 x subtotal)			
Plan review, if req. - % of subtotal			
<b>GRAND TOTAL (fees and surcharges)</b>			

# MECHANICAL PERMIT APPLICATION



380 A Avenue, Lake Oswego, OR 97034  
 503-635-0290  
 Submit Permits to: [permits@lakeoswego.city](mailto:permits@lakeoswego.city)  
 Online: [www.buildingpermits.oregon.gov](http://www.buildingpermits.oregon.gov)

## DEPARTMENT USE ONLY

Permit #:

By:

Date:

*This permit is issued under OAR 918-440-0050. Permits expire if work is not started within 180 days of issuance or if work is suspended for 180 days.*

CONSTRUCTION CATEGORY	
<input type="checkbox"/> Single Family Dwelling <input type="checkbox"/> Mfd Dwelling <input type="checkbox"/> Res Accessory Structure <input type="checkbox"/> Duplex <input type="checkbox"/> Townhome <input type="checkbox"/> Commercial/Industrial <input type="checkbox"/> Multifamily <input type="checkbox"/> Mixed Use	
TYPE OF WORK	
<input type="checkbox"/> New <input type="checkbox"/> Addition <input type="checkbox"/> Alteration <input type="checkbox"/> Repair <input type="checkbox"/> Demolition <input type="checkbox"/> Other <input type="checkbox"/> Replacement <input type="checkbox"/> Tenant Improv.	
JOB SITE INFORMATION & LOCATION	
Job site address:	
City/State/ZIP:	
Project Name:	
Parcel #:	
Directions to job site:	
DESCRIPTION OF WORK	
Job # (optional):	
PROPERTY OWNER INSTALLATION	
Name:	
Address:	
City/State/ZIP:	
Phone:	
Email:	
<input type="checkbox"/> Owner acknowledges installation is being made on residential or farm property owned by me or a member of my immediate family. This property is not intended for sale, exchange, lease, or rent. ORS 479-540(1) and 479.560(1).	
Signature: _____	
CONTRACTOR INSTALLATION	
Business name:	
Address:	
City/State/ZIP:	
Phone:	
Email:	
Contractor CCB license #:	
BCD license #:	
Applicant Signature: _____	

MECHANICAL FEE SCHEDULE			
<i>Commercial based on valuation – see table on reverse</i>			
APPLIANCE	PER EA	QTY	TOTAL
<b>Heating/Cooling</b>			
Air conditioner	50.00		
Air handling unit of up to 10K cfm	36.00		
Air handling unit 10,001K cfm and over	36.00		
Evaporative cooler other than portable	50.00		
Furnace up to 100k BTU	36.00		
Furnace greater than 100k BTU	36.00		
Furnace/burner w/ ductwork/vent/liner	20.00		
Heat pump	50.00		
Mini split system -	50.00		
Additional heat source:			
Suspended heater, recessed wall or floor mounted	29.00		
Hydronic hot water system	50.00		
<b>Other Fuel Appliances</b>			
Barbecue	21.00		
Chimney/liner/flue/vent	20.00		
Decorative gas fireplace	36.00		
Gas or wood fireplace/insert	36.00		
Oil tank/gas/diesel generator	21.00		
Pool or spa heater, kiln	20.00		
Water heater includes vent/flue only	21.00		
Wood/pellet stove	36.00		
<b>Environmental Exhaust and Ventilation</b>			
Attic/crawl space fans	14.00		
Clothes dryer exhaust	13.00		
Ductwork – no appliance/fixture	20.00		
Floor furnace including vent	21.00		
Range hood/other kitchen equipment	22.00		
Ventilation fan connected to single duct	14.00		
Ventilation system, not a portion of HVAC	21.00		
<b>Fuel piping</b>			
Gas fuel piping 1- 4 outlets, \$2.20 ea add'tl	14.00		
<b>Miscellaneous fees</b>			
Domestic incinerator – install/relocate	20.00		
Radon mitigation	14.00		
Other heat/cool/vent/fuel, not listed	21.00		
Repair/alter/add to mechanical appliance incl controls	21.00		
<b>Subtotal:</b> (add up ALL fees) – minimum fee \$ 102.82			
12% surcharge (.12 x subtotal)			
Seismic review – permit fee x 0.01			
<b>Records Retention Fee</b>			31.00
Plan review, if req – 25% of subtotal			
<b>GRAND TOTAL (Com/Res fees + surcharges)</b>			

# PLUMBING PERMIT APPLICATION



380 A Avenue, Lake Oswego, OR 97034  
 503-635-0290  
 Submit Permits to: [permits@lakeoswego.city](mailto:permits@lakeoswego.city)  
 Online: [www.buildingpermits.oregon.gov](http://www.buildingpermits.oregon.gov)

## DEPARTMENT USE ONLY

Permit #:	
By:	Date:
Zoning approval verified? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Onsite approval verified? <input type="checkbox"/> Yes <input type="checkbox"/> No	

*This permit is issued under OAR 918-440-0050. Permits expire if work is not started within 180 days of issuance or if work is suspended for 180 days.*

CONSTRUCTION CATEGORY
<input type="checkbox"/> Single Family Dwelling <input type="checkbox"/> Mfd Dwelling <input type="checkbox"/> Res Accessory Structure <input type="checkbox"/> Duplex <input type="checkbox"/> Townhome <input type="checkbox"/> Commercial/Industrial <input type="checkbox"/> Multifamily <input type="checkbox"/> Mixed Use
TYPE OF WORK
<input type="checkbox"/> New <input type="checkbox"/> Addition <input type="checkbox"/> Alteration <input type="checkbox"/> Repair <input type="checkbox"/> Demolition <input type="checkbox"/> Other <input type="checkbox"/> Replacement <input type="checkbox"/> Tenant Improv.
JOB SITE INFORMATION & LOCATION
Job site address:
City/State/ZIP:
Project Name:
Parcel #:
Directions to job site:
DESCRIPTION OF WORK
Job # (optional):
PROPERTY OWNER INSTALLATION
Name:
Address:
City/State/ZIP:
Phone:
Email:
<input type="checkbox"/> The installation is being made on residential or farm property owned by me or a member of my immediate family.
Signature: _____
CONTRACTOR INSTALLATION
Business name:
Address:
City/State/ZIP:
Phone:
Email:
Contractor CCB license #:
BCD or LCB license #:
Applicant Signature: _____

Site Utilities and Fixtures	Fee	# of items	Total
<b>NEW Residential</b>			
New single family dwelling - 1 bath/1 kitchen – incl's 1 <sup>st</sup> 100' of ea site utility, hose bibbs, icemakers, underfloor low- point drains, and rain drain packages	333.50		
Additional bath 2 bath +28.75, 3 bath + 40.25, 4 bath = or > +130.80 ea (1/2 bath = 1 bath)	130.80		
Ea additional kitchen >1	130.80		
Ea additional 100' of site utilities or fraction thereof:			
Water Line	102.82		
Storm Sewer Line	102.82		
Sanitary Sewer Line	102.82		
<b>Fixtures</b>			
Each fixture – <i>complete fixture list on reverse - note Qty and Total here</i>			
<b>Site Utilities – 1<sup>st</sup> 100' or any portion thereof</b>			
Water Line	102.82		
Storm Sewer/Rain Drains/Footing drains	102.82		
Sanitary Sewer Line	102.82		
Trench/French Drain	102.82		

<b>Residential fire sprinkler 13D</b> (continuous loop/multipurpose) – fee includes plan review (13R Standalone system req's Structural)			
0 to 2000 sq ft, area covered	231.00		
2001 to 3600 sq ft, area covered	313.50		
3601 to 7200 sq ft, area covered	372.25		
7201 sq ft and greater	437.25		
<b>Medical gas piping</b>			
Valuation of Install		\$	
\$1.00 to \$2,000		\$102.82	
\$2,001 to \$25,000	102.82 for the first \$2,001 plus \$9.40 for ea add'tl \$1,000 to and including \$25,000		
\$25,001 to \$50,000	319.02 for the first \$25,001 plus \$6.75 for ea add'tl \$1,000 to and including \$50,000		
\$50,001 to \$100,000	487.77 for the first \$50,001 plus \$4.70 for ea add'tl \$1,000 to and including \$100,000		
<b>Records Retention Fee</b>		31.00	
<b>Subtotal:</b> (total all fees above) min fee is \$102.82			
State Surcharge (.12 x subtotal)			
Plan review, if req. – subtotal x 65%			
<b>GRAND TOTAL</b> (fees and surcharges)		\$	

Fixture List – RES & COM	Fee	# of Items	Total
Absorption valve	24.00		
Alternate potable water heating system	24.00		
Backflow preventer	24.00		
Backwater valve	24.00		
Catch basin or area drain	24.00		
Clothes washer	24.00		
Dishwasher	24.00		
Drinking fountain	24.00		
Ejectors/sump pump	24.00		
Expansion tank	24.00		
Fixture cap	24.00		
Floor drain/floor sink/hub drain	24.00		
Garbage disposal	24.00		
Hose bib	24.00		
Ice maker	24.00		
Interceptor/grease trap	24.00		
Manholes	24.00		
Primer	24.00		
Repipe \$17.00 first fixture, 10.00 for ea additional fixture			
Rainwater harvesting system	24.00		
Roof drain (commercial only)	24.00		
Septic abandonment	24.00		
Sink/basin/lavatory	24.00		
Stormwater retention/detention tank/facility	24.00		
*Swimming pool piping	102.82		
Tub/shower/shower pan	24.00		
Urinal	24.00		
Water closet	24.00		
Water heater	24.00		
Other – plumbing – <i>please include description:</i>	24.00		
<b>Subtotal – note # of Items and Subtotal on front of application</b>		QTY:	\$

\*to backflow only per 100' or any portion thereof

# PLUMBING FIXTURE UNIT CALCULATOR FOR SIZING WATER SERVICE AND WATER METER

	FIXT UNIT	QTY	Total Fixture Units
<b>BATHROOM</b>			
Bathtub 1/2" Fill/Shower	4.0		
Lavatory	1.0		
Shower/head	2.0		
Toilet			
1.6 gal/flush gravity tank	2.5		
Bidet	1.0		

<b>KITCHEN</b>			
Sink	1.5		
Dishwasher	1.5		

<b>LAUNDRY ROOM</b>			
Clothes Washer	4.0		
Laundry Sink	1.5		

<b>MISC</b>			
Bar Sink	1.0		
Drinking Fountain or Watercooler	0.5		

<b>EXTERIOR</b>			
Hose Bibb			
1st hose bibb	2.5		
Each addition hose bibb	1.0		

**TOTAL NUMBER OF FIXTURE UNITS**

Water Pressure at Meter Location: \_\_\_\_\_

Length of Water Line from meter to farthest fixture: \_\_\_\_\_

Water Service Size: \_\_\_\_\_

Water Meter Size: \_\_\_\_\_

Fire Sprinklers Required: (circle)

Water District: \_\_\_\_\_



# CERTIFICATE OF ASSURANCE - IMPACT TO TREES

(Include with the Building Permit Application)

Building permit# \_\_\_\_\_

I am authorized to make assurances with regard to the development of this property. By signing below, I hereby declare *(please v the correct site description)*:

**Trees six inches in diameter or greater are not present:**

- On the subject property and adjacent road rights-of-way;
- On adjacent properties with canopies that overhang the subject property; and,
- On other properties that are being used for development activities e.g., construction vehicle parking, material storage, excavated material storage, debris storage, construction trailer, etc., for the construction on the subject property.

I understand the Planning Department will review an aerial map of the property during the Building application intake process to verify if trees are present on or adjacent to the property;

**OR,**

**Trees six inches in diameter or greater are present** and will be protected by a Tree Protection plan approved by the City of Lake Oswego prior to and during the development of the property.

I further understand that if a tree is removed or damaged due to the failure to receive a Tree Protection Plan as required, or as a result of the failure to implement and maintain the tree protection measures of an approved Tree Protection Plan, the property owner and persons responsible for damaging the tree will be subject to the fines and penalties in Lake Oswego Code (LOC) 55 [Tree Code].

Acknowledgement: I have read and understood the above statements regarding the protection of trees required during the development of the property.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## **Tree Protection Plan**

If trees are present please see the Tree Protection Plan application for a complete list of information and actions required prior to beginning site development or construction activities.





**MOISTURE-SENSITIVE WOOD FRAMING  
MOISTURE CONTENT FORM**

City of Lake Oswego  
**Building Department**

**This form must be signed and returned to the Building Department prior to scheduling the Framing Inspection.**

Permit No: 499-\_\_\_\_\_

Project Address: \_\_\_\_\_

By my signature below, I certify that all moisture-sensitive wood framing members used in construction for the building permit above have been tested and determined to have a moisture content of nineteen (19%) percent or less of the weight of dry wood framing members.  
(Oregon Residential Specialty Code R318.2) \*

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

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**To receive prompt service, please sign & return this form to the Building Department prior to scheduling the Framing Inspection.**

**For your convenience you may e-mail this form to the following:**

City of Lake Oswego  
**Building Department**  
PO Box 369  
Lake Oswego, OR 97034

**E-Mail:** [permits@lakeoswego.city](mailto:permits@lakeoswego.city)

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\*ORSC Section R318.2 Moisture Control. Prior to the installation of the interior finishes, the building official shall be notified in writing by the general contractor that all moisture-sensitive wood framing members used in construction have a moisture content of not more than 19% percent of the weight of dry wood framing members.



# Residential Energy Additional Measure Selection

Department of Consumer & Business Services  
Building Codes Division  
1535 Edgewater St. NW, Salem, Oregon  
Phone: 503-373-1268 • Fax: 503-378-2322  
oregon.gov/bcd

## RESIDENTIAL INFORMATION

Date:		Building permit number:	
Owner's name:			
Job address:			
City:		State:	ZIP:

## INSTRUCTIONS

Select the type of construction. If the project is an addition, select the applicable addition type and enter the selected measures accordingly; print and sign your name. Submit this form with your permit application or your project will be placed on hold until the required information is provided.

**New construction.** All conditioned spaces within residential buildings shall comply with Table N1101.1(1) and one additional measure from Table N1101.1(2).

**Additions.** Additions to existing buildings or structures may be made without making the entire building or structure comply if the new additions comply with the requirements of this chapter. [See ORSC Section N1101.3]

**Large additions.** Additions that are equal to or more than 600 square feet in area are required to select one measure from Table N1101.1(2).

Enter the selected Table N1101.1(2) additional measure \_\_\_\_\_

**Small additions.** Additions that are less than 600 square feet in area are required to select one measure from Table N1101.1(2) **or** select one measure from Table N1101.3.

Selected Table N1101.1(2) additional measure \_\_\_\_\_

Selected Table N1101.3 additional measure \_\_\_\_\_

**Exception:** Additions that are less than 225 square feet in area are not required to comply with Table N1101.1(2) or Table N1101.3.

For reference Tables N1101.1(2) and N1101.3 are included in this form below.

*Note: Depending on the additional measure you have selected, there may be sub-options that you will have to specify. Check the appropriate box, if provided.*

Applicant's printed name: \_\_\_\_\_ Applicant's signature: \_\_\_\_\_



**TABLE N1101.1(2) – ADDITIONAL MEASURES**

<input type="checkbox"/>	1	<b>HIGH-EFFICIENCY HVAC SYSTEM<sup>a</sup></b>
		a. Gas-fired furnace or boiler AFUE 94 percent, or b. Air-source heat pump HSPF 10.0/14.0 SEER cooling, or c. Ground-source heat pump COP 3.5 or Energy Star rated
<input type="checkbox"/>	2	<b>HIGH-EFFICIENCY WATER HEATING SYSTEM</b>
		a. Natural gas/propane water heater with minimum UEF 0.90, or b. Electric heat pump water heater with minimum 2.0 COP, or c. Natural gas/propane tankless/instantaneous heater with minimum 0.80 UEF and Drain Water Heat Recovery Unit installed on minimum of one shower/tub-shower
<input type="checkbox"/>	3	<b>WALL INSULATION UPGRADE</b> Exterior walls—U-0.045/R-21 conventional framing with R-5.0 continuous insulation
<input type="checkbox"/>	4	<b>ADVANCED ENVELOPE</b>
		Windows—U-0.21 (Area weighted average), and Flat ceiling <sup>b</sup> —U-0.017/R-60, and Framed floors—U-0.026/R-38 or slab edge insulation to F-0.48 or less (R-10 for 48”; R-15 for 36” or R-5 fully insulated slab)
<input type="checkbox"/>	5	<b>DUCTLESS HEAT PUMP</b> For dwelling units with all-electric heat, provide: Ductless heat pump of minimum HSPF 10 in primary zone replaces zonal electric heat sources, and programmable thermostat for all heaters in bedrooms
<input type="checkbox"/>	6	<b>HIGH EFFICIENCY THERMAL ENVELOPE UA<sup>c</sup></b> Proposed UA is 8 percent lower than the code UA
<input type="checkbox"/>	7	<b>GLAZING AREA</b> Glazing area, measured as the total of framed openings is less than 12 percent of conditioned floor area
<input type="checkbox"/>	8	<b>3 ACH AIR LEAKAGE CONTROL AND EFFICIENT VENTILATION</b> Achieve a maximum of 3.0 ACH50 whole-house air leakage when third-party tested and provide a whole-house ventilation system including heat recovery with a minimum sensible heat recovery efficiency of not less than 66 percent.

For SI: 1 square foot = 0.093 m<sup>2</sup>, 1 watt per square foot = 10.8 W/m<sup>2</sup>.

- a. Appliances located within the building thermal envelope shall have sealed combustion air installed. Combustion air shall be ducted directly from the outdoors.
- b. The maximum vaulted ceiling surface area shall not be greater than 50 percent of the total heated space floor area unless vaulted area has a U-factor no greater than U-0.026.
- c. In accordance with Table N1104.1(1), the Proposed UA total of the Proposed Alternative Design shall be a minimum of 8 percent less than the Code UA total of the Standard Base Case.

**TABLE N1101.3 – SMALL-ADDITION ADDITIONAL MEASURES (SELECT ONE)**

<input type="checkbox"/>	1	Increase the ceiling insulation of the existing portion of the home as specified in Table N1101.2.
<input type="checkbox"/>	2	Replace all existing single-pane wood or aluminum windows to the U-factor as specified in Table N1101.2
<input type="checkbox"/>	3	Insulate the existing floor, crawl space, or basement wall systems as specified in Table N1101.2 and install 100 percent of permanently installed lighting fixtures as CFL, LED, or linear fluorescent, or a minimum efficacy of 40 lumens per watt as specified in Section N1107.2.
<input type="checkbox"/>	4	Test the entire dwelling with a blower door and exhibit no more than 4.5 air changes per hour @ 50 Pascals.
<input type="checkbox"/>	5	Seal and performance test the duct system.
<input type="checkbox"/>	6	Replace existing 80-percent AFUE or less gas furnace with a 92-percent AFUE or greater system.
<input type="checkbox"/>	7	Replace existing electric radiant space heaters with a ductless mini split system with a minimum HSPF of 10.0.
<input type="checkbox"/>	8	Replace existing electric forced air furnace with an air source heat pump with a minimum HSPF of 9.5.
<input type="checkbox"/>	9	Replace existing water heater with a water heater meeting: Natural gas/propane water heater with minimum UEF 0.90, or Electric heat pump water heater with minimum 2.0 COP.

**NEW SINGLE FAMILY APPLICATION CHECKLIST**  
**TO BE COMPLETED BY APPLICANT**

Address: \_\_\_\_\_ Building Permit No. \_\_\_\_\_

Land Use Case File Number: LU \_\_\_\_\_ - \_\_\_\_\_

Is building permit associated with a *pending* land use application?  Yes  No

Have the conditions of approval of LU \_\_\_\_\_ - \_\_\_\_\_ been complied with?  Yes  No

**1. Unified Site Plan: Legible, to scale (e.g., 1:10) MUST INCLUDE the following information:**

Yes	NA		
		a.	If the lot is created as part of a partition/subdivision application, <b>AND</b> the final plat has <u><i>not</i></u> been recorded, a building permit application cannot be submitted except for the parent parcel prior to plat recordation. <input type="checkbox"/> PARENT PARCEL WITH NO RECORDED PLAT <b>OR</b> <input type="checkbox"/> PLAT RECORDED
		b.	Lot dimensions, lot size, building footprint, decks, mechanical equipment, <b>AND</b> accessory structures
		c.	Building setbacks – both required by the zone <b>AND</b> proposed
		d.	Special Street Setback
		e.	Fences <b>AND</b> retaining walls (note elevations of top of wall <b>AND</b> top <b>and</b> bottom of footing)
		f.	Driveway <b>OR</b> access lane location from the public right-of-way, including the access easement <b>AND</b> pavement widths (Street Opening Permit required)
		g.	Show paved areas, patios <b>and</b> other impervious surfaces; specify materials used, <b>AND</b> show slopes greater than 5%
		h.	Grading plan (see below)
		i.	Trees (see below)
		j.	Maximum floor area <b>AND</b> lot coverage calculations
		k.	Building height with roof ridgeline elevation (e.g., 201') noted on the highest ridge
		l.	Total square footage of structure, including all levels <b>AND</b> any attached garage/carport
		m.	All public <b>and</b> private easements <b>AND</b> vacated public right-of-way
		n.	Abutting public rights-of-way (to the middle of the rights-of-way), show all sidewalks (ADA compliant), roadway edges, drainage swales, landscaping <b>AND</b> utility items in right-of-way
		o.	Size <b>AND</b> location of the water meter
		p.	Size, location <b>AND</b> materials used for the water main
		q.	Electrical and gas lines <b>AND</b> other underground utilities
		r.	Location of the stormwater management facility
		s.	Size, location and materials used for the sewer line <b>AND</b> lateral connecting to public system
		t.	Completed plumbing fixture count worksheet submitted

**2. Energy Efficiency:**

Yes	NA		
		a.	Include prescriptive envelope information on the plans
		b.	Show two additional energy efficiency measures, as designated by the designer (one conservation measure, one envelope measure: <i>*see link below to view measure options in Chapter 11, Table N1101.1(2)</i> )

*\*Oregon Residential Specialty Code (ORSC) can be viewed online at the Oregon Building Codes Division's website at this link: [http://www.cbs.state.or.us/bcd/programs/online\\_codes.html](http://www.cbs.state.or.us/bcd/programs/online_codes.html)*

**3. Fire Department Access and Water Supply. The following items should be legible, printed to scale, and showing the following information:**

Yes	NA		
		a.	Driveway or Fire apparatus access lane with grade, pavement width and shoulders, vertical clearance, and distance from building(s) shown from the public right-of-way.
		b.	Distance to closest Fire hydrant(s) from structure, show on Unified Site Plan.
		c.	Alternate method is proposed for deficiencies with emergency access and/or water flow requirements (check, if applicable).

**4. Flood Plain:**

Yes	NA		
		a.	Is the property in the flood plain?
		b.	Is the base flood elevation shown on the site plan?
		c.	Is the first floor elevation shown?

**5. Grading Plan: To scale, showing the following:**

Yes	NA		
		a.	Existing grade contour lines <b>AND</b> proposed grade contour lines in two-foot intervals
		b.	All trees 6" or greater in Diameter at Breast Height (DBH)

**6. Hazardous Soils:**

Yes	NA		
		a.	Is the property designated as having weak foundations soils or is it in a slide area?
		b.	If yes, is a geotechnical report submitted with the plans?

**7. Building Plans: size to be a consistent page size and to scale. MUST INCLUDE the following information:**

Yes	NA		
		a.	If using manufactured trusses, does the submittal include the truss packet?
		b.	Is the truss packet organized in a logical order (beams annotated and designated on the plans)?
		c.	If using floor trusses, is there a full size truss layout included in the plans?
		d.	Is there a truss layout plan annotated to the trusses in the packet?
		e.	Is the layout plan readable?
		f.	Does the submittal contain structural design information for both gravity loads <b>AND</b> lateral loads?
		g.	All the sheets are to be stapled together, in proper sequence <b>AND</b> show the site plan.
		h.	Are the details from the engineering calculations included in the set of plans?

**8. Building Elevation Plans: size is to be minimum 11x17 and maximum 24x36. Entire set to be same size, legible and printed to scale (e.g. 1/4":1'), showing the following information:**

Yes	NA		
		a.	Front elevation plan showing side yard setback planes
		b.	Side elevation plans showing front setback plane <b>AND</b> square footage of largest side elevation plane
		c.	Rear elevation plan

		d.	All elevations must show maximum allowed height <b>AND</b> proposed building height. Show any exceptions to the maximum building height
		e.	Roof plan, showing the elevation of the highest ridge, including any exceptions to the maximum building height
		f.	Show existing <b>AND</b> finished grades on all building elevations

**9. Exceptions:**

Yes	NA		
		a.	Note on site plan any exceptions to the zoning requirements that are being utilized, e.g., exceptions to setbacks, lot coverage, garage placements, etc.

**10. Sensitive Lands:**

Yes	NA		
		a.	Show RC/RP District boundary <b>AND</b> associated construction setbacks on the site plan, if applicable.

**11. Stormwater Management: New development or redevelopment that creates 1,000 square feet or more of impervious surface triggers stormwater management measures on-site. Submit the following information:**

Yes	NA		
		a.	Site assessment <b>AND</b> feasibility analysis provided
		b.	Show on the Unified scaled Site Plan, stormwater management devices addressing runoff for all impervious areas <b>AND/OR</b> contributing areas, <b>AND</b> emergency overflow (roofs, driveway, patios, walkways, sports courts, etc.)
		c.	Provide all supporting documentation for stormwater management devices (reports, calculations and details), including percolation test. The report must be provided by a licensed engineer.
		d.	Outside excavation edge for infiltration devices shall maintain a minimum setback of 5-feet from all property lines and 10-feet from all foundations.
		e..	If in Landslide areas, provide geotechnical report addressing placement of stormwater management devices.
		f.	Show tree protection areas on the Site Plan, <b>AND</b> all stormwater management devices outside of tree protection areas.
		g.	Flow-through planters: Only interior dimension measurement shown are credited as the treatment area
		h.	Letter from DEQ for driveway runoff to underground injection control (UIC) devices
		i.	Rain gardens must show planting plans in compliance with recommendations outlined in the Lake Oswego Stormwater Management Manual, or other approved design guides

**12. Trees: (if required)**

Yes	NA		
		a.	Site plan must show the location, type, and diameter of all trees (6" or greater in Diameter at Breast Height (DBH) on site, <b>AND</b> any tree on abutting properties where on site construction activity is within the tree dripline or protection zone.
		b.	Stormwater management measures must be shown in relation to trees
		c.	Tree Certificate of Assurance form must be completed and signed
		d.	Apply for tree removal permit (if necessary)

		e.	Apply for tree protection permit (if necessary)
		f.	If mitigation required, show new planting(s)

**Please note: Each item in this checklist must be submitted as specified. Additional information not listed, above, may be required after submittal.**

**I have read AND understood the requirements listed above. All of the required information has been provided.**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**