

NEW CONSTRUCTION CHECKLIST

CONTRACTORS;

- ☐ You must 1st apply via Oregon e-permitting. Use any internet browser and search 'oregon building permits' or use this link; https://aca.oregon.accela.com/oregon/
 - o If you've never used the program before, use the Contractor Resources found at the bottom of the ePermit webpage for HOW-TO tips and step-by-step instructions.
 - Be prepared to upload your plans into the e-permit record otherwise they can be upload later.

HOMEOWNERS;

- ☐ Please complete the "Building Permit Application" found in this packet.
- ☐ Also complete the "Property Owners Statement" found within this packet.

<u>PERMIT SUBMITTAL</u>; We do NOT offer electronic plan review at this time, therefore all the following items must be submitted to our office or mailed to City Hall for the plan review process;

- **□** Completed Building Permit Application
- □ 2 sets of plans with Plan Submittal Intake Checklist
- □ Mechanical and Plumbing fixture fee worksheets
- □ City Code Compliance form initialed & signed
- **☐** Moisture Content Acknowledgment
- □ Oregon Residential Energy Additional Measures
- □ Completed Subcontractors List (with license #'s)
 - o All contractors <u>must</u> have a valid State CCB# and a City of Scappoose business license.
 - O Link to Scappoose Business Licenses; https://www.ci.scappoose.or.us/cityhall/page/business-licenses

Plan Review timeline; approx. 2-3 weeks if plan-set is complete.

Permit Issuance; We will contact you when your permit is ready or if more detail is required. One set of APPROVED-STAMPED plans will be returned to you which will be required on the job-site for every inspection until final.

Energy Incentives can be found by visiting Energy Trust of Oregon; www.energytrust.org

ALL ELECTRICAL PERMITS ARE ISSUED BY COLUMBIA COUNTY LAND DEVELOPMENT IN ST. HELENS 503-397-1501. Contractors can apply via Oregon e-permitting.

Questions contact Elizabeth Happala at 503-543-7184 or email; ehappala@scappoose.gov

BUILDING PERMIT APPLICATION

CITY OF SCAPPOOSE 503.543.7184 PHYSICAL ADDRESS: 52610 NE 1ST #120 MAILING ADDRESS: 33568 E. COLUMBIA AVE.

PLANNER: __

APPLICATION DATE	COMPANIES OF THE COMPAN

ATTACH DETAILED PLOT PLAN

SCAPPO	OSE, OR 97056		L			IN:	VR Inspec	tion	#: 1-888-299-2821			
ADDRESS OF STRUCTURE			M	MAP TAX LOT NUMBER (required-contact Columbia County Assessor)					PERMIT NUMBER			
PROPERTY OWNER		MAIL ADDRESS	3		kidd dalahasan anka yannan olonda saasan asaan asaan asaan	CITY - STATE - ZIP PHONE						
CONTRACTOR		MAIL ADDRESS	3		CITY - STAT	E - ZIP	LIC. NO. (CCB/L	CB)	PHONE			
TYPE OF CONST.	SIZE OF BLDG.	TOTAL SQ. F	r.	1 ST	VALUATION OF	WORK	OCCUPANCY	T^{\perp}	REQUIRED SETBACKS			
		TO SECULATION OF THE SECULATIO		2 ND			GROUP	FRC	DNTSIDE			
☐ RESIDENTIAL				BASEMENT								
☐ COMMERCIAL	x		on the same of the	GARAGE .				SIDE	REAR			
TYPE OF WORK: ☐ NEW ☐ CHANGI	☐ MECHANICA	AL PLUI		LOT SIZE			ZONING	-				
							PERMIT	FEES	S			
JOB DESCRIPTION:			granuscomorbinativo como				RECEIP					
	CONTROL DE LA CO		oonsees 400000 et tagas no 1	STERRICES TOO TOO PERSON INVOICEMENT IN PROPERTY CONSTRUCTION AND THEIR	PLAN	CHECKING			•			
					FIRE / I	LIFE / SAFETY						
CITY BUSINESS LICENSE NO.					CONST	RUCTION			•			
and the state of t	NOTICE		unic appropriate programmy and representation of the control of th		STATE	BUILDING FEE		***************************************				
THIS PERMIT BECOME	S NULL AND VOID				DILLAGE	ann an agus an an ann an agus an an agus an an agus an an agus an an ann an agus an an an agus an ann agus an		•				
OR WORK IS SUSPEND AT ANY TIME AFTER W	DED OR ABANDONI	ED FOR A P				PLUMBING	·	•				
This permit is granted on In all respects, conform t	o the Ordinances of	this jurisdict	ion, ind	cluding the	MECHA	NICAL		nio est e consumero de con	•			
Zoning Ordinance, regula be revoked at any time u	ating the construction	n and use of	buildir	ngs, and may	STATE	MECHANICAL			•			
I further certify that, pursitime of application for bu	ilding permit or plum	bing permit	a full a	ind complete	SDC W	ATER			•			
list of names and registra covered under chapter 7				l suppliers	SDC SI	EWER		······································	•			
Failure to submit the list withholding of the permit		d suppliers	will res	ult in the	SDC ST	TREETS			•			
Failure to immediately no suppliers will result in the	e withholding of the	hanges of soccupancy p	ubcont ermit a	tractors and /or and penalties	SDC PA		***************************************					
under state and local sta ALL SUBCONTRACTORS		UST BE LICE	ENSED	WITH THE	SDC ST			*************	•			
CITY OF SCAPPOOSE PR	RIOR TO THE COMM	ENCEMENT	OF TH	IE JOB.				······································	•			
the provisions of any other performance of construct	er state or local law i	regulating co	onstruc	ction or the	*******************************	R / SEWER		***************************************	•			
I hereby certify that I hav same to be true and corr	e read and examined ect. All provisions of	d this applic	ation a inance	and know the es governing		RUCTION WATE	R		•			
this work will be complied with whether specified herein or not. By signing this I agree to expressly and unequivocally call for and consent to any and all						TIGATION FEE			•			
inspections deemed necessary by the building officials.					ENGIN	EER REVIEW		•				
SIGNATURE OF CONTRACTOR	OR AUTHORIZED AGENT	Τ		DATE	PLANN	ING DEPT. REVIE	w		•			
SIGNATURE OF PROPERTY OV	WNER		NO CONTRACTOR OF THE PARTY OF T	DATE								
STAFF USE ONLY: (S		NS AND RE	MARK		ISSUE	DATE:	ТС	DTAL				
								·				
				oolkaansan oo oo kaarka saaraa waa saamaa ah yaka da ka								
diewendelich bei mehrechen der der der der der der den der den der den der der den der der der der den der den			·····									
DUIL DING NODEGES		MUST	BE API	PROVED BY ALL	THOSE INDICA				DATE -			

___ DATE: _____ OFFICE ADMINISTRATOR: ____



Residential Plan Submittal Intake Checklist

CITY OF SCAPPOOSE Building Department
Mailing address: 33568 E. Columbia Ave., Scappoose, OR 97056

• 503-543-7184 • Fax:503-543-5679 scappoosebuildingdept@cityofscappoose.org https://www.ci.scappoose.or.us/building

FOR DEPARTMENT USE ONLY	
Permit No.:	
Office:	

	PROJECT TYPE & APPLICABLE CODE EDITION						
	☐ New S	Single F	amily Residence		Alteration/addition to existing	Other:	
	☐ Altera	tion/ad	dition to existing residence		detached accessory structure Deck		
			_				
	☐ New, o	detache	d accessory structure		Repair	ORSC Edition	
			MINIMAL SUBMITTAL R	EQUI	REMENTS CHECKLIST FOR PLAN	REVIEW	
	Provided	N/A					
1.			Local Planning/Zoning, water of	listrict	t, erosion control, DEQ/septic/sewer appro	val.	
2.				2106.2.	on of new construction and existing structure The plot plan checklist can be found on the build e/building-permit-application		
3.			location, site specific design crite	ria per	Decuments. Construction documents must be Table R301.2(1), nature and extent of the we, relevant laws, ordinances, rules and regulat	ork proposed and show in detail	
4.					ions, footing sizes, posts, anchor bolts, hold-tion vent locations. Reference ORSC Chapter		
5.					identification, door size, window size, location fans, plumbing fixtures and balconies and of		
6.			and roof construction. More than	one creiling he	framing members such as floor beams, headern oss section may be required to clearly portrayeight, siding material, footings and foundation Section R106.1.1.	y construction. Show all wall and roof	
7.			Elevation Views. Provide dimen locations, and finish grade profile		ncluding but not limited to floor and roof eav rence ORSC Section R106.1.1.	e and ridge elevations, opening	
8.			location and length of braced wal and connections shall be incorpor	ll panel rated in	rescriptive lateral calculations and plans show ls, and associated connections to roof, floor, a not the plans. Reference ORSC Sections R10d/Pages/residential-structures.aspx for prescription	and foundation. Lateral design details 6.1.3, R602.10, R301.1.3. See	
9.			members and supports, their size	s, spac	plan for each roof and floor framing assemblying, species, grade, bearing locations, metho. Reference ORSC Chapter 5 and Chapter 8.		
10.			Design Calculations. Provide for code. Reference ORSC Section I		ructural load carrying members that are not be .3.	ased on prescriptive span tables in the	
11.					e design layout plan with truss details and care ORSC Sections R502.11 and R802.10.	culations that have been stamped by	
12.			Enhancement Measure and Conse Enhancement Measure No. 6 is c	ervation hosen,	pliance with Chapter 11 Energy Efficiency, ic n Measure chosen from Table N1101.1(2) (w provide supporting calculations (see https://v For thermal performance calculator.). Referen	www.oregon.gov/bcd/codes-	
Note	Note: This checklist must be completed in full before the plan review process will begin.						
iii	DCRS		Applicant:			Date:	



Receiving employee (print name):



Site/Plot plan must be accurately drawn to scale and show:

52610 NE 1st St. (Mailing: 33568 E. Columbia Ave.) Scappoose, OR 97056 503-543-7184 scappoosebuildingdept@cityofscappoose.org

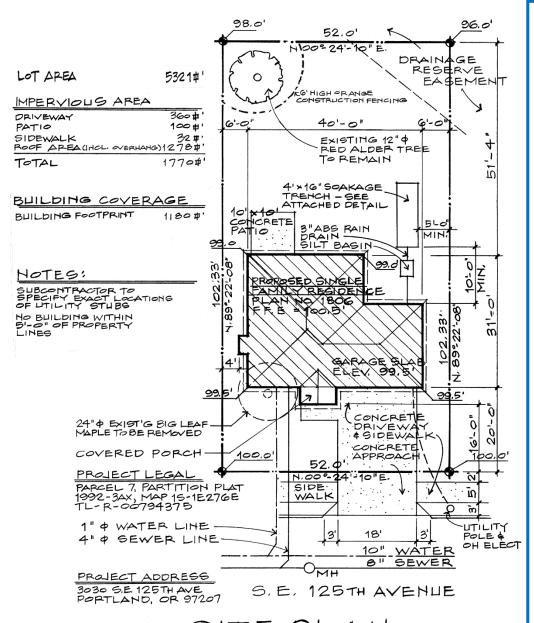
Community Development Center

_	Lot and building setback difficults				
	Property corner elevations (If there is more than a 4-foot				
elev	vation differential, the site plan must also show existing and				
pro	posed contour lines at 2 foot intervals. A separate Grading Plan				
may be required to legibly show grading changes.)					

- □ Location and dimensions of easements and driveway
 □ Footprint of proposed and existing structures (including decks)
- ☐ Dimension distances between structures and property
- ☐ Location of wells and/or septic systems
- Lot area
- ☐ North Arrow upper right corner
- ☐ Impervious area (structures, paving, roof overhangs, etc.)
- Any sensitive lands; floodplain, wetlands, and slopes >15%

ш	Location of utilities and connections; storm and sanitary	
sew	ers, water, gas, etc., including size of service and street location	r
	Location of stormwater facility	

- ☐ Location of stormwater facility
 ☐ Surface drainage
- ☐ Width of adjacent right of way, street name and curb height
- ☐ Landscape plans including street tree requirement
- ☐ Minimum scale is 1 inch = 10 feet
- ☐ Minimum paper size is 11 x 17 inches
- lacksquare Allow sufficient white space for City approval stamps & notes
- Any additional requirements specific to your site or project (if required, or additional requirements approved/agreed during the developments approval process.



Sample Site Plan

A well-prepared Site Plan is one of the MOST IMPORTANT documents in your building permit submittal materials. ALL major review groups need to approve your site plan.

Site Plans must be clearly legible and reproducible. A complete and accurate Site Plan will help to speed your permit application reviews and reduce the need to send you notice for missing information or charge you additional review fees for missing data.

This sample drawing has been designed to help you prepare a complete Site Plan for your project. Make sure your Site Plan includes all the information on the Site Plan Checklist.

PLEASE NOTE: The sample site plan to the left is provided as a reference tool showing how and what must be included in your site plan.

This sample site plan is not to scale, nor is it the on the minimum paper size.

Your site plan must be to scale. Our required scale is minimum 1 inch = 10 feet. Minimum paper size is 11x17.

Site plans submitted to other departments for their application/review will not be used in lieu of missing site plans. A site plan must be submitted with construction documents for Building Dept. review approval.

CITY OF SCAPPOOSE

2024-2025 PLUMBING FEE CHECKLIST

Permit#	:								

JOBSITE:

FIXTURE	COUNT	FEE	TOTAL		FIXTURE	COUNT	Fee	TOTAL
NEW HOME 1-BATH & 1-KITCHEN		\$505.86			Garbage disposal	COOM	\$37.55	
NEW HOME 2-BATH & 1-KITCHEN		\$658.13			Hose bibbs (incl'd with new home)		\$37.55	
NEW HOME 3-BATH & 1-KITCHEN		\$870.91			Ice maker (incl'd with new home)		\$37.55	
each add'l new bathroom or kitchen;		\$119.95			Interceptor/grease trap		\$37.55	
Absorption valve		\$37.55			Manholes		\$37.55	
Backflow preventer for irrigation		\$37.55			Primer		\$37.55	
Backwater valve		\$37.55			Roof drain (commercial)		\$37.55	
Catch basin or area drain		\$37.55			Septic abandonment (contact Columbia County Sanitarian for add'l permits)		\$37.55	
Clothes washer		\$37.55			Sink/basin/lavatory		\$37.55	
Dishwasher		\$37.55			Stormwater retention		\$37.55	
Drinking fountain		\$37.55			Stormwater detention tank		\$37.55	
Drywell		\$37.55			Stormwater facility;		\$37.55	
Leach line		\$37.55			Swimming pool piping/connection		\$37.55	
Trench drain		\$37.55			Tub/shower/shower pan		\$37.55	
Ejectors/sump pump		\$37.55			Urinal		\$37.55	
Expansion tank		\$37.55			Water closet/toilet		\$37.55	
Fixture cap		\$37.55			Water heater including alternate potable water heating system		\$37.55	
Floor drain/floor sink		\$37.55			MISC. FIXTURES NOT LISTED		\$37.55	
Hub drain		\$37.55			MISC. FIXTURES NOT LISTED		\$37.55	
(NOTE; ANY CONNECTION TO CITY UT	ILITIES WII	I REOLUR	F SYSTEM DE	VFIC	ABOVE;		l	
					or WEIGH CHARGES)			
A. NEW CONSTRUCTION OF RESIDI New home construction; bathrooms includes or					issussitions and officer love maint dusing and u	nin dunin nad	المما المماريطان	a ninina authora
downspouts & perimeter system.	ie kittien, m	St 100 OI SI	te utilities, nose	טוט5, ו	icemakers, undernoor low-point drains and r	aiii uraiii paci	kage includii	ig piping, gutters,
		SPE	CIAL EQUIPMEN	NT OR	DRAIN/WASTE/VENT ALTERATION (DWV)		\$75.00	
	NEW 1 & 2 F				HEN (NOT counted above, in the yellow)		\$505.86	
					HEN (NOT counted above, in the yellow)		\$658.13	
	NEW 1 & 2 F	AMILY HON	ЛЕ; 3-BATH & 1	-KITCH	HEN (NOT counted above, in the yellow)		\$870.91	
					l bath(s) or kitchen(s) not counted above;		\$119.95	
		<u>WA</u>	TER SERVICE; fi		0 feet (New 1 & 2 Family Homes exluded)		\$136.63 \$71.97	
Each Additional 100 feet, or part thereof;								
		<u>SANI</u>	TARY SEWER; fi		0 feet (New 1 & 2 Family Homes exluded)		\$136.63	
			0014444750 (Each Additional 100 feet, or part thereof;		\$71.97	
		<u> 51</u>	ORIVIWATER;	irst 10	O feet (New 1 & 2 Family Homes exluded) Each Additional 100 feet, or part thereof;		\$136.63 \$71.97	
B. MANUFACTURED DWELLINGS & PREFA	BRICATED	STRUCTU	RES: 918-050	-0130		1	\$/1.9/	
Any New Manufactured/PreFab connection to existing prescriptive requirements of the Oregon Manufacture.	ng drain, sewe	r, storm & wa	ater (<u>Excludes</u> 1s			ny connections	for dwellings	that complies with the
			<u> </u>	o Struc	ture (includes 1st 30 feet of plumbing lines)		\$136.63	
			•		ch Water, Sanitary and/or Storm Sewer lines		\$37.55	
C. PARKS FOR RV and MANUFACTURED D	WELLINGS:	: OAR 918	3-600-0030				· 1	
					Base fee (includes 5 or less spaces)		\$420.33	
				<u>~</u>	6+ spaces (base fee plus cost per spaces)		\$139.76	
D. COMMERCIAL, INDUSTRIAL & DWELL	NGS OTHER	THAN 1	2. 2 EAMTI V. 4		ructures & storm sewer systems (per fixture)		\$35.46	
** Minor installation - use checklist above for								
		Installing	or altering a Sev	wer Wa	astewater Pretreatment System? (circle one)	yes		
Installing	notable Wate		J J		cal Drain, Waste & Vent System? (circle one)	yes	/ no / no	
Tristalling a	potable wate				for Municipality Supplied Water? (circle one) ainage, Waste and Vent System? (circle one)		/ no	
				ering a	Reclaimed Wastewater System? (circle one)		/ no	
					ATER SERVICE; first 100 feet count as "1";		\$136.63	
					Each Additional 100 feet, or part thereof;		\$71.97	
					<pre>IITARY SEWER; first 100 feet count as "1"; Each Additional 100 feet, or part thereof;</pre>		\$136.63 \$71.97	
					TORMWATER; first 100 feet count as "1";		\$136.63	
					Each Additional 100 feet, or part thereof;		\$71.97	1
E. RESIDENTIAL FIRE SUPPRESSION PLUMBING FEE	S; based on s	q. ft. of hom	<u>e.</u>		200 rect, or part mercor,		Ţ, I.J,	
F. MEDICAL GAS (fee based on installation cost, sys				ures &	appliances)			
	, , ,		,,		Mimimum Permit Fee \$138.72	ТОТ	ΔΙ.	
					riminidin remit rec \$130.72	Plan Revie		
						State Fe		
					-	Total Amo	,	

Amt. Already Paid;

BALANCE:

CITY OF SCAPPOOSE

III. MECHANICAL PERMIT FEE CHECKLIST		COUNT EACH	<u>TOTAL</u>
A. RESIDENTIAL: Unless otherwise noted, fees apply to both gas & electric applied related equipment including piping. (Minimum permit fee \$138.72)	ances for inslia		erations and
THE PRIMARY FUEL SOURCE IS: Also list any	secondary fu	iel;	
HEATING & COOLING:	<u> </u>		
ir Conditioning	\$16.69		
ir Handler, up to 10,000 cfm	\$16.69		
ir Handler, over 10,000 cfm	\$16.69		
vaporative cooler other than portable	\$16.69		
adet Heaters; count only (no mechanical fee, electrical permit required)	\$16.69		
ireplace/insert, gas or wood	\$16.69		
loor funace, including vent urnace/Burner including duct work/vent/liner	\$16.69 \$16.69		
urnace, up to 100,000 BTU	\$16.69		
urnace, over 100,000 BTU	\$16.69		
eat Pump	\$16.69		
ydronic hot water system	\$16.69		
lini split system - must also list add'l heat source;	\$16.69		
epair, alteration or addition to any mechanical appliance including install controls	\$16.69		
leater, suspended, recessed wall or floor mount	\$16.69 \$16.69		
Vood/Pellet Stove Other heating/cooling not listed above but regulated;	\$16.69		
OTHER FUEL APPLICANCES:	φ10.03		
BQ line	\$16.69		
himney/liner/flue/vent	\$16.69		
ireplace, decorative	\$16.69		
as or Wood Fireplace/insert	\$16.69		
ncinerator, domestic; install or relocation	\$16.69		
enerators, oil tank/gas diesel	\$16.69		
ool/spa heater, kiln	\$16.69		
ropane Insert	\$16.69 \$16.69		
Range/Cook Top; gas (if electric then no mechanical permit required) Vater Heater; gas/hydronic (Plumbing permit also required for all types.)	\$16.69		
Vood/Pellet Stove	\$16.69		
fisc. gas lines/outlets not listed above;	\$16.69		
Other fuel applicances not listed above;	\$16.69		
NVIRONMENTAL EXHAUST & VENTILATION:			
pplicance vent; installation, relocation or replacement not previously counted	\$16.69		
ttic/crawl space fan	\$16.69		
himney/liner/flue/vent	\$16.69		
Clothes Dryer Vent/exhaust	\$16.69		
ouctwork- no appliance/fixture	\$16.69		
lue vent for water heater or gas fireplace lood & ducts served by mechanical exhaust	\$16.69		
adon Mitigation	\$16.69 \$16.69		
ange Hood/Vent	\$16.69		
ent Fan; bath/laundry/attic/ect. (not apart of heating or cooling)	\$16.69		
entilation system misc. (not apart of heating or cooling)	\$16.69		
ther environmental exhaust & ventilation;	\$16.69		
OTAL FUEL COUNT (REQUIRED)			
as Fuel piping outlets: (count each one)	\$16.69		
as Pressure Test, each:	\$16.69		
8. COMMERCIAL, INDUSTRIAL & DWELLINGS OTHER THAN 1 & 2	FAMILY:		
echanical fee shall be calculated based on the value of the equipment and installation costs,	Use St	ructural Fee	
cluding contractor's profit. BID VALUE: \$	calcul	ation (I.A.)	
LAN REVIEW FEE:		NOTES:	
lechanical Plan Review Fee	35% of r	nechanical fee	
dditional plan review required by changes, additions or revision to approved plans	\$138.72/h	nr. (min. 1 hr.)	
MECHANICAL PERMIT FE	F (\$13	8.72 Minimum)	
PLAN CHECKING FE		mech. permit	
STATE SURCHARG	E 12% of	mech. permit	
•	TOTAL PE	RMIT FEE:	
		· 	



2023-2024 Scappoose Code Compliance

Project/Address:	Scappoose, OR 97056
Subdivision Name & Lot#:	
Building e-permit record #: <u>759-</u>	
Applicant/Owner please <u>initial each</u>	<u>item</u> then <u>sign below</u> :
IRC SECTION P2908 & CITY CODE ORDINA The property owner is responsible for supple reducer valve. The valve shall be installed (Call Public Warks for exceptions; 503-543-8404 or email; dsuke	ying, installing and maintaining a pressure on the owner's side of the water meter.
applicable, the Public Works crew we lateral from the main to the new me CITY WATER METERS. NO UN-METERE • Sewer responsibility beings at the se applicable, the Public Works crew we contractor as exposed & shored the Once the tap(s) are complete; it's the proand backfill/patch per City's Public Works	responsibility of the property owner; ater-meter. New water line connections, where will perform water main taps & run the new ster. ALL CITY WATER MUST PASS THROUGH AD WATER USE IS ALLOWED. Wer main. New sewer line connections, where will perform sewer main taps once the sewer main. Perty owner's responsibility to finish the lateral Design Standards. Any construction, meters shall be the responsibility of the property et paving, curbs, sidewalks ect.
CITY ORDINANCE 709 & 859; Municipal Control Work hours within the city limits are as follow Mon-Fri. 7am-7pm Sat. 9am-4pm Sun. & Holidays No work allowed (Any exceptions to this rule must be made in advance with City in the Control of the Control	ws:
ORSC; Oregon Residential Specialty Code Before final occupancy will be approved moisture content, per ORSC R318.2. The a https://www.ci.scappoose.or.us/building/g	the contractor must submit the certification of pproved from is on the city's website;
APPLICANTS/OWNERS SIGNATURE _	
PRINTED NAME:	Date:
COMPANY NAME:	
DUONE.	



Moisture Content Acknowledgment Form

CITY OF SCAPPOOSE BUILDING DEPARTMENTMailing address: 33568 E. Columbia Ave., Scappoose, OR 97056

Phone: 503-543-7184 • Fax: 503-543-5679 email: scappoosebuildingdept@scappoose.gov



You must submit this form to Building Codes Division before issuance of the Certificate of Occupancy.

I,	, am the general contractor or the owner/builder at the					
following address:						
Street address:						
City:						
Permit number: If applicable:						
I am notifying the building of ORSC Section R318.2 and ha [Section R318.2 is provided f	Residential Specialty Code (ORSC), Section R318.2, fficial that I am aware of the moisture content requirement of ave taken steps to meet this code requirement. For reference.]					
	wood framing members used in construction shall have a moisture					
content of not more than 19 percent of the weight of dry wood framing members.(B) The general contractor or the owner who was issued the structural permit shall notify the building official on a division-approved form that the contractor or the owner who was issued the structural permit is aware of and has taken steps to meet the requirement in paragraph (A).						
	Signature:					
	Date:					



Residential Energy Additional Measure Selection



CITY OF SCAPPOOSE BUILDING DEPARTMENT

Mailing address: 33568 E. Columbia Ave., Scappoose, OR 97056

Phone: 503-543-7184 • Fax: 503-543-5679 email: scappoosebuildingdept@scappoose.gov

RESIDENTIAL INFORMATION						
Date:	I	Building permit number:				
Owner's n	name:					
Job addres	ss:					
City:		State:	ZIP:			
	INSTRUCT	TIONS				
measures	Select the type of construction. If the project is an addition, select the applicable addition type and check the selected measures from the Tables N1101.1(2) and N1101.3.2 on Page 2 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.					
	construction. All conditioned spaces within residen dditional measure from Table N1101.1(2).	tial buildings shall comply w	ith Table N1101.1(1), and			
	If using Exception 3 of Section N1105.3 for the instional measures shall be selected for compliance from		dling equipment, two			
	k the selected measure(s) on Page 2. Depending on a ptions that you will have to specify. Check the appro		ave selected, there may be			
	tions. Additions to existing buildings or structures nature comply if the new additions comply with the rec					
	k the appropriate boxes below and the selected meas ave selected, there may be sub-options that you will					
	Large additions. Additions that are more than or measure from Table N1101.1(2).	equal to 600 square feet in ar	ea are required to select one			
	Small additions. Additions that are less than 600 from Table N1101.1(2) or select one measure from		ed to select one measure			
	Selected Table N1101.1(2) additional me	easure				
	or					
	☐ Selected Table N1101.3 additional measurements	are				
	Exception: Additions that are less than 225 square N1101.1(2) or Table N1101.3.	e feet in area are not required	to comply with Table			
Applicant's printed name:						
Applicant's signature:						

Estimate the energy consumption by using The Zero Code Energy Calculator: https://zero-code.org/energy-calculator/

TABLE N1101.1(2) - ADDITIONAL MEASURES

MEASURE NO.	MEASURE DESCRIPTION
1	HIGH-EFFICIENCY HVAC SYSTEM ^a
	a. Gas-fired furnace or boiler AFUE 94 percent, or
	b. Air source heat pump HSPF 10.0/16.0 SEER cooling or 8.5 HSPF2 / 15.0 SEER2, or
	c. Ground-source heat pump COP 3.5 or ENERGY STAR rated
2	HIGH-EFFICIENCY WATER HEATING SYSTEM
	a. Natural gas/propane water heater with minimum 0.90 UEF, or
	b. Electric heat pump water heater with minimum 3.45 UEF, 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
3	WALL INSULATION UPGRADE
	Exterior walls – U-0.045/R-21 conventional framing with R-5.0 continuous insulation
4	ADVANCED ENVELOPE
	Windows – U-0.21 (Area-weighted average), and
	Flat ceiling ^b – 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)
5	DUCTLESS HEAT PUMP (Dwelling units with all-electric heat)
	a. Provide ductless heat pump of minimum HSPF 10.0 or HSPF2 9.0 in primary zone replaces zonal electric heat sources, and
	b. Provide programmable thermostat for all heaters in bedrooms
6	HIGH-EFFICIENCY THERMAL ENVELOPE UA ^c
	Proposed UA is 8 percent lower than the code UA
7	2.75 ACH AIR LEAKAGE CONTROL AND EFFICIENT VENTILATION
	Achieve a maximum of ACH50 whole-house air leakage when third-party tested and provide a whole-house ventilation system, including 2.75 heat recovery with a minimum sensible heat recovery efficiency of not less than 66 percent and total fan efficacy of 1.6 CFM/Watt (combined input for supply and exhaust).

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

- 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 not 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 8 percent less than the Code UA total of the Standard Base Case.

TABLE N1101.3.2 – SMALL ADDITION ADDITIONAL MEASURES

MEASURE NO.	MEASURE DESCRIPTION			
1	Increase the ceiling insulation of the existing portion of the home as specified in Table N1101.2.			
2	Replace all existing single-pane wood or aluminum windows to the <i>U</i> -factor as specified in Table N1101.2			
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.			
4	Test the entire dwelling with a blower door and exhibit not more than 4.5 air changes per hour @ 50 Pascals.			
5	Seal and performance test the duct system.			
6	Replace existing 80 percent AFUE or less gas furnace with a 94 percent AFUE or greater system.			
7	Replace existing electric radiant space heaters with a ductless mini split system with a minimum HSPF of 10.0 or HSPF2 of 9.0.			
8	Replace existing electric forced-air furnace with an air source heat pump with a minimum HSPF of 9.5 or HSPF2 of 8.1.			
9	Replace existing water heater with one of the following: a. Natural gas/propane water heater with minimum UEF 0.90, or b. Electric heat pump water heater with minimum 3.45 UEF.			



SUBCONTRACTORS LIST

All contractors working in the City Limits are required to have a City of Scappoose Business License. All licenses are valid from Jan. 1- Dec.31.

Contact City Hall @ 503-543-7146 for an application/renewal.

Or visit: HTTP://www.scappoose.gov/cityhall
Scappoose is NOT within Portland-Metro coverage area.

TYPE OF		State CCB	CITY BIZ.
WORK	SUBCONTRACTOR	LICENSE # &	LICENSE #
		(both state and city ar	e required)
EXCAVATION			
FOUNDATION			
PLUMBING			
FRAMING			
ROOFING			
GARAGE DOORS			
SHEET METAL			
HEATING			
INSULATION			
ELECTRICAL			
SHEETROCK			
UNDERLAYMENT			
FINISH CARPENTRY			
CABINETS			
MASONRY			
PAINTING			
LINO/CARPET			
FLAT CONCRETE			
LANDSCAPING			
OTHERS			
_			
-	-		
MANUFACTURED HOM	ΛF.		
SET-UP	112		
SKIRTING			