

CURRY COUNTY CHANGE OF OCCUPANCY / CHECK LIST



NEW OR MOVING?

BUSINESS OWNERS

FILL OUT THIS FORM

Please Call 541-247-3304 for **Building Inspection** questions, or Email buildingpermits@currycountyor.gov

For **Business License** questions please Call 541-247-3266

Applicant name: _____

Business name: _____

Applicant phone: _____

Applicant email: _____

Project address: _____

Mailing address: _____

Applicable Building Codes:

OSSC	2022 Oregon Structural Specialty Code
OPSC	2023 Oregon Plumbing Specialty Code
OMSC	2022 Oregon Mechanical Specialty Code
OESC	2023 Oregon Electrical Specialty Code

NOTE: If renovations/alterations are proposed that involve new construction, repairs or relocation of any walls, doors, windows, roof coverings, electrical, mechanical or plumbing, permits may be required.

The following information MUST be provided for all Change of Occupancy's

(do not leave anything blank, mark N/A for Not Applicable if appropriate):

Building and Planning information: *(Provide the following if not already indicated within any drawings that may have been provided)*

___ **Gross Area of Leased Space** *(approximate square footage of the owned/leased total space)* _____

If office/warehouse combined:

Total sq. footage of office space _____ Total sq. footage of warehouse _____

___ **Gross Building Area** *(IF KNOWN please provide approximate square footage of total building area including areas not owned/leased)* _____

___ **Number of Existing Parking Spaces** *(provide brief description of number of off-street parking stalls assigned to space and if any are to be added)* _____

___ **Previous Occupancy Use** *(Please provide to the best of your knowledge a brief description of previous building use, i.e. office, office/warehouse, repair shop, etc... and/or type of previous business activities)*

___ **Proposed Occupancy Use** (Provide brief description for new use of building i.e. office, hair salon, restaurant, automotive shop, retail, storage, water processing, etc.) _____

___ **Number of Existing Restrooms** _____; Number and type of fixtures in each if more than one set in each restroom

___ **Number of Existing Drinking Fountains** (if provided) _____

___ **Existing Building Type Construction:** (Provide brief description of existing building type construction, i.e. wood framing and/or metal/steel, masonry, etc., or combination thereof) _____

___ **Storage areas / Occupancy:** (Provide brief description of types of items to be stored) _____

___ **Floor Plan** (Please provide if available at time of application). NOTE: Although a floor plan will NOT always be required (i.e. office use to office use or retail to retail etc. –same use), depending on the previous and new occupancy use, one may be required. In order to reduce review and approval time we recommend providing one if already available.

___ **Utility Providers:** _____

Renovations: (The following information is required if applicable; see note **in bold** at beginning of this check list)

___ **Scope of work:** (Provide brief description of renovations to be done.)

Building Department Signature: _____

Date: _____

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